

422  
Bedfordshire County Council

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# REPORT

of the

Medical Officer of Health

for

1960



BEDFORD  
HENRY BURT & SON LTD



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## To the Chairman and Members of the Bedfordshire County Council

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Report on the Health Services for the year 1960.

During the year there was an unusual number of *staff changes*. Dr. C. A. Harvey, Deputy County Medical Officer, retired after 23 years' sterling service with the Authority and Miss D. Hands, Senior Clerk in the Nursing Section, after nearly 44 years. Recognition of their service was given both by members and colleagues. Dr. H. S. Bury succeeded Dr. Harvey as Deputy County Medical Officer and Dr. A. R. Darlow succeeded Dr. Bury as Medical Officer to the Southern Division. There were also changes in the dental service, the net result of which was that the service became even more depleted. In the nursing service, Miss E. L. Martin was appointed to the post of Superintendent Health Visitor.

The population of the County continues to increase. The estimated population in 1951 was 319,000 and in 1960 it was 360,130. The former figure was based on the census taken earlier in that year so that there was very little margin of error. As time goes on it becomes increasingly difficult to provide accurate estimates, particularly for the County Districts, and it will be interesting to see how the latest estimates compare with the figures from the 1961 census.

The *Vital Statistics* for the County compare favourably with those for England and Wales. Thus the birth rate was higher and the death, infant mortality and stillbirth rates were lower. The birth rate showed a further increase and equalled the post-war peak figure of 20.5 in 1947. There were no less than 7,388 live births in 1960. It is unfortunate, however, that the tremendous reduction since the beginning of the century in deaths of children aged one to twelve months has not been matched by a corresponding reduction in the neo-natal deaths (i.e. deaths in the first four weeks of life), but there is a hope that as a result of recent research an improvement will take place. It is a matter for regret, too, that there were four maternal deaths in Bedfordshire in 1960. This gave a Maternal Mortality Rate of 0.53 compared with 0.39 for England and Wales.

A full description of the *Services* provided is given in the text of the report, but it may be appropriate here to make a few observations on them. Mostly they are community services providing "Community Care". There is now such emphasis being laid on this form of care that it might be useful to examine its nature. It has been defined as "the care of people living in their own homes, surrounded by their families and friends, or, if not in their own homes, in hostels or homes for groups, like old people's homes, where those living in them are free within the limits of their infirmities to come and go, pursue their own occupations, meet their friends and live their own lives".

The bodies concerned with Community Care are the Local Executive Council, which provides the family doctor service, the Local Health Authority which provides most of the services detailed in this Report, the Local Welfare Authority and several voluntary societies. The family doctor by virtue of his position is the natural centre of this system and it is important that field workers should look to him for leadership and guidance.

It is now settled policy that as far as possible persons shall be cared for in the community rather than in hospitals or institutions. The Hospital Building Programme recently announced will, therefore, be followed by a supplementary programme for the development of community care. The

present Minister of Health has said, "A hospital plan makes no sense therefore unless the medical profession outside the hospital service can be supported in its task by a whole new development of the local authority services for the sick, for the sick and for the mentally ill and mentally subnormal".

One of the main developments proposed is an increase, which in some cases will need to be considerable, in the number of social workers, a step commended by the Younghusband Committee. There is no doubt that much work awaits such persons, but it is vitally important that they should have a good understanding of human relationships. There will still be a place for all classes of the Public Health Nursing Service and this is fortunate for they are in very close contact with members of the community and are therefore in a favourable position to help in difficulties of many kinds.

There are sound arguments which can be adduced in favour of community care. Amongst them is the fact that a person remains with relatives and friends. There is also the fact that community care may be regarded as one of the ways in which efforts are being made to prevent the disruption of family life, which under some present-day influences is very vulnerable. Notwithstanding the adequate social grounds for the new emphasis, it is well to recognise that even in the most competent and best adapted families there is a breaking-point and when this is reached continued care at home becomes intolerable, even with the help and support of the community services. There is in fact, a limit to what can be done in the community.

With regard to the *administration* of the services it may fairly be claimed that the essential purpose has been achieved i.e. generally speaking, services have been available for those persons in the community who have needed them. This means, in effect, that recruitment of field officers has been reasonably satisfactory and that suitable arrangements have been made for them to do their work. It has, however, been a testing time, as was predicted in the Report for the year 1958. There were administrative problems resulting from the fact that under the Local Government Act, 1958 both Bedford and Luton became authorities exercising delegated powers as regards health and welfare, and still other changes are expected soon which will affect the administrative structure.

In conclusion, I have once again to thank the Chairman and members of the Health Committee for their sympathetic approach to the suggestions and problems placed before them. Again, I acknowledge my indebtedness to the staff, both professional and lay, for the vast amount of work they have done, often working against time. The execution of the Poliomyelitis Vaccination programme is an example. I wish also to express my gratitude to my professional colleagues in the hospital and general practitioner services. Their co-operation and help has been invaluable. Finally, my thanks are due to Mr. Guy and others who undertook the compilation of this Report.

I have the honour to be,

Your obedient servant,

W. C. V. BROTHWOOD,

*County Medical Officer.*

HEALTH DEPARTMENT,  
PHOENIX CHAMBERS,  
HIGH STREET,  
BEDFORD.  
Telephone: Bedford 68211  
June, 1961.

**HEALTH COMMITTEE 1960-1961***Chairman:* Alderman H. R. Waller, M.B.E., J.P., D.L.*Vice-Chairman:* Alderman T. E. S. Lloyd, M.A., M.B., B.Chir.*Ex-Officio:* Alderman Sir Frederick Mander, J.P.

Alderman E. K. Martell

*Aldermen*

L. Chambers

P. R. Smith, J.P.

Miss D. M. Mann

Mrs. A. Urwin

*Councillors*

J. Allison

F. C. Lines (died 16.7.60)

Mrs. E. M. Chapman

W. G. Matthews

Mrs. D. Clarke, J.P.

E. W. Shafto Hilton

G. W. Cooper

C. Sheffield

W. M. Doyle

J. Simpson

J. Hallworth (w.e.f. 28.10.60)

R. T. Webb

F. A. Jarvis

Miss J. Williams

B. Leach

F. S. R. Wright

R. Lester

J. Wynn Williams

*Co-opted Members*

G. W. Allen, L.D.S.

F. G. Bull, M.P.S.

R. D. Cameron

Mrs. R. L. Field

Mrs. G. Griffiths

Mrs. E. A. Newton

S. Seed, M.A., M.R.C.S., L.R.C.P.

H. J. Weller, J.P.

J. G. Williams, M.R.C.S., L.R.C.P.

*Divisional Committee Chairmen*

North-Eastern: Alderman P. R. Smith, J.P.

Southern: Councillor C. Sheffield

Luton: A. H. Hooton

## STAFF 1960

### *County Medical Officer of Health*

W. C. V. BROTHWOOD, M.A., M.D., D.P.H.

### *Deputy County Medical Officer of Health*

C. A. HARVEY, M.B., Ch.B., D.P.H. (retired 31.10.60)

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H. (w.e.f. 1.11.60)

### *Divisional Medical Officers*

H. S. BURY, M.R.C.S., L.R.C.P., D.P.H.

A. R. DARLOW, T.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.,  
D.T.M. & H. (w.e.f. 1.11.60)

R. M. DYKES, M.A., M.D., D.P.H.

C. A. HARVEY, M.B., Ch.B., D.P.H. (retired 31.10.60)

C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H. (until 31.8.60)

### *Assistant County Medical Officers and School Medical Officers*

BRENDA N. AKEROYD, M.R.C.S., L.R.C.P.

A. R. DARLOW, T.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.,  
D.T.M. & H. (until 31.10.60)

R. G. HENDRY, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H. (resigned 30.6.60)

DORA S. JAMES, M.B., B.S., D.Obst. R.C.O.G.

P. LAVIS, M.B., Ch.B., D.P.H.  
(apptd. 1.7.60; until 31.8.60)

IRENE E. SANDFORD, M.R.C.S., L.R.C.P., D.P.H.

G. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

CICELY STEER, M.B., B.S., D.C.H.

### *Chest Physicians (part-time)*

J. B. SHAW, M.D., B.A.O., D.P.H.

N. R. WYNN-WILLIAMS, M.D., M.R.C.P.

### *Senior Dental Surgeon*

R. B. T. DINSDALE, L.D.S.

### *Dental Surgeons*

A. P. ATKINS, L.D.S. (part-time) (resigned 29.2.60)

F. BRABINGTON-PERRY, L.D.S.R.C.S. (part-time)

A. A. GARDNER, B.Dent.Sc.

H. H. REVILL, L.D.S.R.C.S. (resigned 30.6.60)

FRANCES D. MORRIS, L.D.S.R.F.P.S. (Glas.) (part-time)



STAFF—*continued**Chief Nursing Officer*

FLORENCE M. TOMBS, S.R.N., S.C.M., H.V's. Cert.

*Superintendent Health Visitor*

EDITH L. MARTIN, S.R.N., S.C.M., H.V's. Cert. (apptd. 1.10.60)

*Non-Medical Supervisor of Midwives and Home Nurses*

WINNIE FROST, S.R.N., S.C.M., H.V's. Cert.

*Divisional Nursing Officer*

ANNE FEATHERSTONE, S.R.N., S.C.M., H.V's. Cert.

*County Health Inspector*

R. E. N. THOMAS, T.D., F.R.S.H., M.A.P.H.I., M.R.I.P.H.H.

*County Analyst*

J. S. LEA, B.Sc., A.R.I.C.

*Health Education and Statistics Officer*

C. J. GUY, D.P.A., F.S.S.

*Chief Mental Welfare Officer*

C. W. FRENCH, A.A.P.S.W.

*Assistant Chief Mental Welfare Officer*

E. F. K. KING, A.A.P.S.W.

*Occupational Therapists*

MARY H. GRIFFITH, M.A.O.T.

DAPHNE SMITH, M.A.O.T.

*County Ambulance Superintendent*

J. P. WILLEY, M.B.E.

*Chief Clerk*

S. P. MARRIOTT



## SECTION I



## STATISTICS

## EXTRACTS FROM VITAL STATISTICS FOR 1960

## LIVE BIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	3,675	3,314	6,989
Illegitimate	...	...	...	176	223	399
				<u>3,851</u>	<u>3,537</u>	<u>7,388</u>

Crude live birth rate per 1,000 estimated home population 20.5

## STILLBIRTHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	68	63	131
Illegitimate	...	...	...	5	5	10
				<u>73</u>	<u>68</u>	<u>141</u>

Stillbirth rate per 1,000 total (live and still) births ... 18.7  
 Total number of live and stillbirths ... 7,529

## INFANT DEATHS:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	74	62	136
Illegitimate	...	...	...	1	7	8
				<u>75</u>	<u>69</u>	<u>144</u>

Infant mortality rate (all infant deaths per 1,000 live births) 19.5  
 Legitimate infant mortality rate ... 19.5  
 Illegitimate infant mortality rate ... 20.0

## NEO-NATAL DEATHS\*:

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	52	45	97
Illegitimate	...	...	...	1	6	7
				<u>53</u>	<u>51</u>	<u>104</u>

Neo-natal mortality rate per 1,000 live births ... 14.1  
 Early neo-natal mortality rate (i.e. deaths under one week) 11.6  
 Perinatal mortality rate (stillbirths and deaths under one week per 1,000 total births) ... 30.2

\*Within first four weeks of life.

## LEGITIMATE BIRTHS:

Illegitimate live births per cent of total live births	...	5.4
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## MATERNAL DEATHS:

No. of deaths	...	...	...	...	...	...	4
Maternal mortality rate per 1,000 live and stillbirths	...	...	...	...	...	...	0.53

## GENERAL INFORMATION

The area of the geographical and administrative County at the end of 1960 was approximately 302,940 acres (474 square miles). Its greatest length is from North to South and is  $36\frac{1}{2}$  miles; its greatest breadth is  $1\frac{1}{2}$  miles from East to West. The County contains no County Boroughs but includes the three Non-County Boroughs of Bedford, Dunstable and Luton. There are, in addition, five Urban Districts and four Rural Districts.

At the 1st April, 1960, the rateable value was £5,243,294. The product of a penny rate for 1959-60 was, for general County purposes, £0,885. The estimated figure for 1960-61 is £21,653.

## POPULATION

NOTE.—The statistical information contained in the remainder of this Section is based on figures supplied by the Registrar General.

The statistics issued by the Registrar General for 1960 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home populations". The estimated home populations of the County Districts at the 30th June, 1960, were as follows:—

<b>Administrative County</b>	...	...	<b>360,130</b>
<b>Urban Districts</b>	...	...	<b>243,720</b>
Ampthill	...	...	3,650
Bedford M.B.	...	...	61,190
Biggleswade	...	...	8,160
Dunstable M.B.	...	...	23,460
Kempston	...	...	9,310
Leighton Buzzard	...	...	11,100
Luton M.B.	...	...	122,880
Sandy	...	...	3,970
<b>Rural Districts</b>	...	...	<b>116,410</b>
Ampthill	...	...	24,930
Bedford	...	...	33,690
Biggleswade	...	...	27,780
Luton	...	...	30,010

There is reason to believe that the number of Service personnel stationed in the County fluctuates considerably and their inclusion makes useful comment on the population figures difficult. An increase is recorded for every district in 1960, with an overall increase in the population of the County of 9,430.

## BIRTHS

7,388 live births attributable to Bedfordshire residents were registered during 1960. The distribution of these births amongst the County Districts is shown in Table I.

As the number of births in any area is largely governed by the number of married women of child-bearing age, it follows that crude birth rates, which are calculated as the number of births per 1,000 of the population, are not comparable unless the sex and age structure of the populations concerned is the same. To overcome this difficulty the Registrar General has calculated a birth comparability factor for each district. When the crude rate is multiplied by this factor, an *adjusted birth rate* is obtained which is comparable with the adjusted birth rate of any other area in the same year. The crude and adjusted birth rates based on the *home* populations for each of the county districts are shown in Table I.

Table II shows the crude birth rates for the Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the last seventeen years. These rates are based on *civilian* populations for the years 1944-49 and on *home* populations for the years since.

The crude birth rate for the County in 1960 was 20.5, compared with 19.4 for 1959. Thus the upward trend since the low figure of 14.6 in 1952 continued. The national rate also increased, being 17.1 in 1960 compared with 16.5 in the previous year.

It should be noted that the rates for England and Wales are calculated as the births *occurring* during the year per 1,000 of the population. As, however, most births are now registered soon after they occur, there is unlikely to be any appreciable difference between the number of births occurring and the number registered in a year.

## ILLEGITIMATE BIRTHS

There were 399 illegitimate live births registered in 1960. These constituted 5.4 per cent of the total live births, compared with 4.8 per cent in 1959. Of the 141 stillbirths, ten were illegitimate. During the year, eight illegitimate infants under one year of age died, giving an illegitimate infant mortality rate of 20.0 per 1,000 illegitimate live births. The figures are, however, so small that no great significance can be attached to them. The legitimate infant mortality rate was 19.5.

## TOGETHER WITH THE APPROPRIATE RATES FOR EACH OF THE COUNTY DISTRICTS

DISTRICTS	LIVE BIRTHS					DEATHS OF INFANTS UNDER 1 YEAR OF AGE				STILLBIRTHS			
	Legitimate	Ille- gitimate	Total	Crude Rate per 1,000 Home Pop.	Adjusted Rate	Legitimate	Ille- gitimate	Total	Rate per 1,000 live births	Legitimate	Ille- gitimate	Total	Rate per 1,000 total births (live and still)
URBAN:													
Amphill ...	69	1	70	19.2	18.8	1	—	1	14.3	2	—	2	27.8
Bedford ...	1,230	105	1,335	21.8	20.9	21	2	23	17.2	25	1	26	19.1
Biggleswade ...	121	5	126	15.4	14.8	3	—	3	23.8	2	—	2	15.6
Dunstable ...	488	20	508	21.7	19.9	4	—	4	7.9	9	1	10	19.3
Kempston ...	150	3	153	16.4	17.1	7	—	7	45.8	2	—	2	12.9
Leighton Buzzard ...	256	11	267	24.1	22.4	6	—	6	22.5	5	—	5	18.4
Luton ...	2,456	146	2,602	21.2	20.5	47	2	49	18.8	45	6	51	19.2
Sandy ...	61	5	66	16.6	17.0	1	—	1	15.2	3	—	3	43.5
TOTALS ...	4,831	296	5,127	21.0	20.4	90	4	94	18.3	93	8	101	19.3
RURAL:													
Amphill ...	389	17	406	16.3	16.4	8	—	8	19.7	11	—	11	26.4
Bedford ...	566	21	587	17.4	20.7	14	—	14	23.9	7	—	7	11.8
Biggleswade ...	418	17	435	15.7	17.1	5	1	6	13.8	7	1	8	18.1
Luton ...	785	48	833	27.8	25.3	19	3	22	26.4	13	1	14	16.5
TOTALS ...	2,158	103	2,261	19.4	20.4	46	4	50	22.1	38	2	40	17.4
GRAND TOTALS ...	6,989	399	7,388	20.5	20.3	136	8	144	19.5	131	10	141	18.7

TABLE II—BIRTH, INFANT MORTALITY AND STILLBIRTH RATES FOR URBAN AND RURAL AREAS OF COUNTY,  
WHOLE COUNTY AND ENGLAND AND WALES 1944-60

YEAR	CRUDE BIRTH RATES PER 1,000 POPULATION*				INFANT MORTALITY RATES				STILLBIRTH RATES			
	Urban Districts	Rural Districts	Whole County	England and Wales†	Urban Districts	Rural Districts	Whole County	England and Wales	Urban Districts	Rural Districts	Whole County	England and Wales†
1944	21.8	18.9	20.9	19.9	34.3	37.8	35.2	45.4	27.9	30.6	28.7	27.7
1945	18.9	17.2	18.4	17.8	33.4	35.8	34.1	46.0	27.0	25.3	26.5	27.6
1946	19.3	18.3	19.0	20.2	35.2	32.7	34.5	42.9	31.6	24.3	29.6	27.2
1947	20.9	19.5	20.5	21.1	32.1	27.0	30.7	41.4	21.2	23.5	21.8	24.1
1948	17.6	17.4	17.5	18.1	29.2	31.4	29.8	33.9	20.3	18.2	19.7	23.2
1949	16.3	17.3	16.7	16.9	27.2	25.4	26.6	32.4	23.5	24.2	23.7	22.7
1950	15.6	15.4	15.5	15.9	24.0	28.2	25.3	29.6	26.9	24.9	26.3	22.6
1951	15.7	14.0	15.2	15.5	28.3	22.8	26.6	29.7	23.6	23.6	23.6	23.0
1952	14.9	14.2	14.6	15.3	23.2	26.1	24.1	27.6	23.0	24.2	22.7	22.7
1953	15.2	14.7	15.0	15.5	26.8	19.6	24.5	26.8	24.1	19.8	22.7	22.4
1954	15.3	15.4	15.3	15.2	26.7	26.1	26.5	25.4	26.6	20.0	24.4	23.5
1955	15.2	15.8	15.4	15.0	18.2	17.8	18.0	24.9	21.3	16.3	19.7	23.2
1956	17.0	15.4	16.5	15.7	22.1	22.6	22.2	23.8	21.3	26.1	22.8	23.0
1957	17.5	17.5	17.5	16.1	22.3	24.5	23.0	23.1	20.6	23.4	21.5	22.5
1958	18.9	17.1	18.3	16.4	17.4	19.7	18.1	22.6	19.3	15.2	18.1	21.6
1959	19.6	18.9	19.4	16.5	20.1	18.9	19.7	22.2	19.3	21.3	19.9	21.0
1960	21.0	19.4	20.5	17.1	18.3	22.1	19.5	21.7	19.3	17.4	18.7	19.7

\* Civilian population to 1949; home population since.

† Rate refers to stillbirths occurring during calendar year.

† Rate refers to births occurring during calendar year.

## STILLBIRTHS

The term stillbirth refers to any child born after the 28th week of pregnancy which did not, at any time after being completely expelled from mother, breathe or show any other sign of life. It will be seen in Table I that there were 141 stillbirths attributable to Bedfordshire residents during 1960, giving a stillbirth rate of 18·7 per 1,000 total births (live and stillborn), compared with 19·9 for 1959. Table II shows the stillbirth rates for Urban and Rural Areas of the County, for the County as a whole, and for England and Wales during the past seventeen years. Illegitimate stillbirths constituted 7·1 per cent of the total in 1960, compared with 4·3 per cent in 1959.

## DEATHS

As has already been stated, the figures of population include Service personnel stationed in the area. It follows, therefore, that the death of a serviceman should be ascribed to the area in which he is stationed. Together, 3,553 deaths attributable to Bedfordshire were registered in 1960. Table III shows the age distribution of the deaths registered in the years 1948 to 1960.

TABLE III—AGE DISTRIBUTION OF DEATHS IN BEDFORDSHIRE, 1948–60

Year	Deaths in age groups						Total
	0—	1—	5—	15—	45—	65—	
1948	156	22	28	239	675	1,854	2,974
1949	134	39	23	245	726	2,108	3,275
1950	123	24	26	196	711	2,129	3,209
1951	129	27	16	195	748	2,231	3,346
1952	113	28	20	199	702	2,166	3,228
1953	118	14	11	178	671	2,094	3,086
1954	130	6	17	181	730	2,145	3,209
1955	90	18	11	163	800	2,340	3,422
1956	121	11	20	178	738	2,405	3,473
1957	135	19	14	161	801	2,292	3,422
1958	114	21	16	160	766	2,282	3,359
1959	134	12	24	193	771	2,413	3,547
1960	145	19	21	180	812	2,376	3,553

## DEATH RATES

The death rate is calculated as the number of deaths per 1,000 of the population. The rate for Bedfordshire in 1960 was 9·9 compared with 10·1 in 1959. Comparison of death rates of different districts is not valid unless the population structure of each is similar. For example, a district with a small population but containing a residential institution for the aged will have an unduly high proportion of deaths and consequently



a high crude death rate. To overcome this difficulty and to enable local death rates to be compared, the Registrar General has supplied an Area Comparability Factor for each district. When the crude death rate is multiplied by this factor, an *adjusted death rate* is obtained which is comparable with the adjusted death rate of any other area or with the crude death rate of England and Wales *in the same year*. The crude death rates, area comparability factors and adjusted death rates of the County Districts and of England and Wales for 1960 are shown in Table IV.

TABLE IV—CRUDE DEATH RATES, AREA COMPARABILITY FACTORS, AND ADJUSTED DEATH RATES OF THE COUNTY DISTRICTS AND ENGLAND AND WALES, 1960

	Crude Death Rate per 1,000 Home Population	Area Comparability Factor	Adjusted Death Rate
<b>Urban Districts</b> ... ..	<b>9.9</b>	<b>1.14</b>	<b>11.3</b>
Amphill ... ..	13.4	0.80	10.7
Bedford M.B. ... ..	10.1	1.02	10.3
Biggleswade ... ..	16.2	0.77	12.5
Dunstable ... ..	7.9	1.29	10.2
Kempston ... ..	10.3	1.11	11.4
Leighton Buzzard ... ..	8.8	1.16	10.2
Luton M.B. ... ..	9.5	1.24	11.8
Sandy ... ..	14.4	0.99	14.2
<b>Rural Districts</b> ... ..	<b>9.9</b>	<b>0.99</b>	<b>9.8</b>
Amphill ... ..	10.8	0.93	10.0
Bedford ... ..	8.9	0.94	8.4
Biggleswade ... ..	12.0	0.89	10.7
Luton ... ..	8.2	1.28	10.5
<b>Admin. County</b> ... ..	<b>9.9</b>	<b>1.09</b>	<b>10.8</b>
<b>England and Wales</b> ... ..	<b>11.5</b>	<b>1.00</b>	<b>11.5</b>

## CAUSES OF DEATH

The causes of death in each District of the County are shown in Table V. Table VI shows the age and sex distribution of the deaths from the various causes in the Urban and Rural Areas of the County. In order to bring out the relative importance of the principal diseases from a mortality point of view, Table VII has been prepared, showing the actual number of deaths from these diseases and from accidents of all kinds in 1960, together with the percentages of the total number of deaths attributable to them. The corresponding percentages for 1958 and 1959 are also shown.

TABLE V—CAUSES OF DEATH IN EACH DISTRICT OF BEDFORDSHIRE, 1960

CAUSE OF DEATH	Administrative County	URBAN DISTRICTS									RURAL DISTRICTS				
		Amphill	Bedford	Biggleswade	Dunstable	Kempston	Leighton Buzzard	Luton	Sandy	TOTAL	Amphill	Bedford	Biggleswade	Luton	TOTAL
1. Tuberculosis, Respiratory ...	18	—	2	1	—	1	1	8	—	13	2	—	2	1	5
2. Tuberculosis, Other ...	4	—	1	—	—	—	—	—	—	1	—	1	—	2	3
3. Syphilitic Disease ...	13	—	7	—	1	1	—	1	—	10	—	1	2	—	3
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	3	—	—	—	—	—	—	1	—	1	—	1	—	1	2
Malignant Neoplasm—															
10. Stomach ...	85	—	15	5	4	3	2	25	1	55	10	6	8	6	30
11. Lung, Bronchus ...	153	2	26	7	10	3	6	55	4	113	8	9	12	11	40
12. Breast ...	65	—	16	4	1	2	1	24	1	49	5	4	3	4	16
13. Uterus ...	32	1	6	1	1	2	2	7	—	20	1	4	7	—	12
14. Other Malignant and Lymphatic Neoplasms ...	358	8	71	13	25	15	7	113	5	257	20	40	22	19	101
15. Leukaemia, Aleukaemia ...	18	—	3	1	2	1	—	6	—	13	1	1	1	2	5
16. Diabetes ...	30	—	4	1	3	1	1	13	—	23	2	—	4	1	7
17. Vascular Lesions of Nervous System	593	8	105	26	38	11	15	209	12	424	48	52	44	25	169
18. Coronary Disease, Angina ...	589	9	108	19	35	13	20	185	8	397	49	46	56	41	192
19. Hypertension with Heart Disease ...	80	2	10	1	2	2	1	27	1	46	10	8	11	5	34
20. Other Heart Disease ...	395	3	60	17	14	13	4	125	8	244	38	26	59	28	151
21. Other Circulatory Disease ...	120	3	21	7	1	4	3	46	—	85	9	7	5	14	35
22. Influenza ...	5	—	—	—	1	1	—	—	—	2	—	2	1	—	3
23. Pneumonia ...	144	—	23	4	6	4	5	56	1	99	13	6	12	14	45
24. Bronchitis ...	187	6	39	8	9	5	9	57	2	135	7	11	19	15	52
25. Other Diseases of Respiratory System	28	—	3	1	1	1	2	7	1	16	5	2	2	3	12
26. Ulcer of Stomach and Duodenum ...	28	—	8	—	2	—	1	6	—	17	2	4	3	2	11
27. Gastritis, Enteritis and Diarrhoea ...	22	—	8	—	1	—	2	8	—	19	1	1	—	1	3
28. Nephritis and Nephrosis ...	28	—	2	—	2	—	—	10	—	14	3	4	5	2	14
29. Hyperplasia of Prostate ...	25	—	4	1	—	—	2	7	2	16	2	3	3	1	9
30. Pregnancy, Childbirth, Abortion ...	4	—	—	—	1	—	—	—	—	1	1	—	—	2	3
31. Congenital Malformations ...	46	—	7	1	2	1	4	12	1	28	6	5	2	5	18
32. Other Defined and Ill-defined Diseases	319	6	42	10	14	9	8	109	6	204	17	38	31	29	115
33. Motor Vehicle Accidents ...	58	1	9	1	6	—	1	25	1	44	4	3	3	4	14
34. All Other Accidents ...	77	—	16	3	4	1	—	15	3	42	2	13	15	5	35
35. Suicide ...	24	—	2	—	—	2	1	12	—	17	2	1	1	3	7
36. Homicide and Operations of War ...	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—
TOTALS: ALL CAUSES ...	3,553	49	618	132	186	96	98	1,170	57	2,406	268	300	333	246	1,147



TABLE VI—CAUSES OF DEATH IN URBAN AND RURAL AREAS OF BEDFORDSHIRE, 1960, DIVIDED ACCORDING TO SEX AND AGE

TABLE VI—CAUSES OF DEATH																																					
CAUSE OF DEATH	URBAN DISTRICTS																		RURAL DISTRICTS																		
	MALES										FEMALES								MALES										FEMALES								
	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	0—	1—	5—	15—	25—	45—	65—	75—	Total	
1. Tuberculosis, Respiratory ...	—	1	—	—	—	4	2	1	8	—	—	—	—	1	2	2	—	5	—	—	—	—	—	1	2	2	—	5	—	—	—	—	—	—	—	—	—
2. Tuberculosis, Other ...	—	—	—	—	—	1	2	2	5	—	—	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. Syphilitic Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	1	2	—	—	—	—	—	—	—	—	
9. Other Infective and Parasitic Diseases ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malignant Neoplasm—	—	—	—	—	1	13	8	8	30	—	—	—	—	2	3	10	10	25	—	—	—	—	—	7	2	9	18	—	—	—	—	—	—	2	2	8	
10. Stomach ...	—	—	—	—	1	62	20	13	96	—	—	—	—	3	6	6	2	17	—	—	—	—	—	23	11	2	36	—	—	—	—	—	—	3	6	1	
11. Lung, Bronchus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	23	11	11	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. Breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	9	1	6	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Other Malignant and Lymphatic Neoplasms ...	—	—	1	1	9	45	45	38	139	—	—	—	2	9	37	26	44	118	—	—	1	—	5	14	16	24	60	—	—	—	—	—	14	12	15		
15. Leukaemia, Aleukaemia ...	1	—	—	—	1	3	—	1	6	—	1	—	1	—	4	6	4	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Diabetes ...	—	—	—	—	—	2	1	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Vascular Lesions of Nervous System ...	—	—	—	3	4	28	53	85	173	—	—	—	—	5	33	59	154	251	—	—	—	—	—	1	12	19	37	69	—	—	—	—	—	10	24	66	
18. Coronary Disease, Angina ...	—	—	—	—	7	88	55	80	230	—	—	—	—	2	23	56	86	167	—	—	—	—	—	1	42	38	46	127	—	—	—	—	—	5	4	11	
19. Hypertension with Heart Disease ...	—	—	—	—	—	5	4	10	19	—	—	—	—	—	3	6	18	27	—	—	—	—	—	—	2	5	7	14	—	—	—	—	—	6	8	61	
20. Other Heart Disease ...	—	—	—	—	—	10	20	54	84	—	—	—	—	4	13	25	118	160	—	—	1	—	2	7	19	47	76	—	—	—	—	—	2	6	3		
21. Other Circulatory Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
23. Pneumonia ...	6	2	1	1	1	9	4	22	46	4	—	—	—	—	—	—	—	53	2	—	—	—	—	—	—	—	19	3	1	—	—	—	1	3	1		
24. Bronchitis ...	1	—	—	1	—	23	41	30	96	1	—	—	—	—	6	9	23	39	—	—	—	—	—	1	13	9	17	40	—	—	—	—	—	—	—	—	
25. Other Diseases of Respiratory System ...	—	—	—	—	1	1	5	1	8	—	1	1	—	—	3	—	3	8	1	—	1	—	—	2	2	2	8	—	—	—	—	—	1	2	1		
26. Ulcer of Stomach and Duodenum ...	—	—	—	—	1	4	3	4	12	—	—	—	—	—	—	—	—	5	—	—	—	—	—	3	3	3	9	—	—	—	—	—	1	1	1		
27. Gastritis, Enteritis and Diarrhoea ...	2	3	—	—	—	2	2	—	9	2	1	—	—	—	1	1	5	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
28. Nephritis and Nephrosis ...	—	—	—	1	2	3	1	1	8	—	—	—	—	—	3	1	2	6	—	—	—	—	—	2	3	—	4	9	—	—	—	—	—	—	—		
29. Hyperplasia of Prostate ...	—	—	—	—	—	—	1	5	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital Malformations ...	11	—	2	—	—	—	—	—	13	13	—	1	—	—	—	1	—	15	8	1	1	—	2	—	—	—	12	2	2	1	—	—	—	—	—		
32. Other Defined and Ill-defined Diseases ...	23	1	—	1	12	18	19	26	100	27	1	—	—	5	14	18	39	104	17	1	2	1	3	17	4	21	66	14	1	—	—	2	5	7			
33. Motor Vehicle Accidents ...	1	—	1	11	5	8	4	3	33	—	—	1	3	1	3	1	2	11	—	—	—	—	5	3	4	1	13	—	—	—	—	—	1	4	10		
34. All Other Accidents ...	1	—	1	1	6	8	1	3	21	—	—	—	1	2	2	—	16	21	—	—	—	—	2	3	1	4	17	1	1	1	—	—	—	—	—		
35. Suicide ...	—	—	—	—	—	2	5	2	11	—	—	—	—	—	1	4	1	6	—	—	—	—	—	2	3	—	5	—	—	—	—	—	—	—	—		
36. Homicide and Operations of War ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTALS: ALL CAUSES ...	46	7	6	20	55	355	305	418	1,212	48	4	3	7	47	206	265	614	1,194	29	2	8	9	26	173	148	249	644	21	7	4	1	15	78	109	268		

TABLE VII—NUMBER OF DEATHS FROM PRINCIPAL FATAL DISEASES AND ACCIDENTS IN 1960, TOGETHER WITH PERCENTAGES OF THE TOTAL NUMBER OF DEATHS ATTRIBUTABLE TO THESE CAUSES IN 1958-60

	No. of deaths in 1960	Percentage of total deaths in 1960	Corresponding percentage in	
			1959	1958
Heart Disease ... ..	1,064	29.9	29.8	31.1
Cancer (including Leukaemia)	711	20.0	19.2	19.7
Cerebral Haemorrhage, etc.	593	16.7	16.0	16.1
Pneumonia ... ..	187	5.3	5.0	4.7
Emphysema ... ..	144	4.1	4.5	4.6
Accidents (all forms) ...	135	3.8	3.5	3.2
Other Circulatory Diseases ...	120	3.4	3.3	3.7

These seven causes have accounted for four-fifths of the deaths in the county in each of the past six years. It will be seen that the order remained the same as in 1959. Heart Disease again headed the list, being responsible for nearly one-third of all deaths.

### ACCIDENTS

Once again accidents of all kinds caused the deaths of over one hundred Bedfordshire residents in 1960. As in previous years, only two-thirds of these deaths were caused by motor vehicles and it may be assumed that, of the remainder, the majority resulted from accidents in and around the home.

It is a matter for reflection that of the 29 deaths in males aged 15-24 years, 20 were due to accidents. There were only eight deaths in females of the same age-group, but four were caused by accidents.

### TUBERCULOSIS

In 1960 there were, according to the Registrar General, 18 deaths from respiratory tuberculosis, giving a death rate of 5.0 per 100,000 home population compared with 3.4 in 1959. The corresponding death rate for England and Wales in 1960 was 6.8 per 100,000.

There were four deaths from non-respiratory tuberculosis in 1960.

### CANCER

There were 693 deaths attributable to malignant neoplasms in 1960 and a further 18 due to leukaemia or aleukaemia. The vast majority of cancer deaths occur in the second half of life, over half being of persons aged 65 years and over. Whilst much has still to be discovered concerning



this disease, it can be said that there is a good hope of cure in certain types of cancer if treatment is undertaken early. Medical advice should, therefore, be sought immediately there is any suspicion of the disease.

In Bedfordshire, there were 153 deaths from lung cancer, compared with 121 in 1959 and 129 in 1958. The sex-age distribution of these deaths and of cancers of all other sites including leukaemia and aleukaemia is shown in Table VIII. Lung cancer is predominantly a male affliction and much has been written in recent years about the relationship between this form of the disease and smoking. The statistical evidence for the connection is convincing but the reason for it has yet to be discovered. Amongst other possible causes is atmospheric pollution, for there is a marked difference in the death rates from cancer of the lung in the urban and rural areas of the County. This difference has been noted in the country as a whole.

Excluding the lung and bronchus, cancer has been responsible for more deaths in females than in males in Bedfordshire during the last eleven years. This is the case in all age-groups from 25 years.

TABLE VIII—SEX-AGE DISTRIBUTION OF LUNG AND OTHER CANCERS\*  
IN BEDFORDSHIRE, 1950-60

	MALES								FEMALES							
	0—	5—	15—	25—	45—	65—	75—	Total	0—	5—	15—	25—	45—	65—	75—	Total
<b>LUNG, BRONCHUS</b>																
1950	—	—	—	2	51	14	4	71	—	—	—	—	4	8	—	2
1951	—	—	1	4	52	21	6	84	—	—	—	2	6	3	—	5
1952	—	—	—	5	59	27	10	101	—	—	—	—	6	4	—	—
1953	—	—	—	3	43	17	7	70	—	—	—	2	4	3	—	—
1954	—	—	—	5	49	34	10	98	—	—	—	1	8	5	—	—
1955	—	—	—	6	59	36	8	109	—	—	1	1	8	5	—	—
1956	—	—	—	7	51	24	17	99	—	—	—	2	6	6	—	—
1957	—	—	1	2	70	38	12	123	—	—	—	1	7	3	—	—
1958	—	—	—	6	57	35	15	113	—	—	—	—	7	6	—	—
1959	—	—	—	3	61	33	10	107	—	—	—	—	7	1	—	—
1960	—	—	—	1	85	31	15	132	—	—	—	3	9	7	—	—
<b>ALL OTHER SITES</b>																
1950	4	—	1	11	62	75	65	218	2	—	1	15	93	69	—	6
1951	2	1	1	14	74	64	58	214	3	3	2	24	82	73	—	6
1952	4	—	1	19	65	62	73	224	1	—	—	19	102	54	—	9
1953	1	1	2	12	63	71	65	215	3	2	2	24	74	54	—	7
1954	1	2	1	16	68	58	74	220	—	3	4	18	106	72	—	8
1955	3	1	2	11	86	73	77	253	2	1	1	13	93	96	—	9
1956	2	2	1	12	59	63	70	209	—	4	—	23	105	82	—	7
1957	1	2	2	12	70	60	63	210	2	1	2	20	105	70	—	8
1958	1	2	2	7	81	62	70	225	1	2	2	17	110	89	—	8
1959	3	3	3	16	82	87	68	262	—	1	1	23	93	83	—	9
1960	1	2	1	16	82	71	80	253	2	—	3	24	99	72	—	10

\* Including leukaemia and aleukaemia

## MATERNAL MORTALITY

There were four deaths ascribed to maternal causes registered in 1960, giving a maternal mortality rate per 1,000 total (live and still) births of 0.53, compared with 0.43 in 1959. The corresponding rate for England and Wales in 1960 was 0.39. The causes of death were given as

- (1) Renal cortical necrosis; accidental haemorrhage; 36 weeks pregnancy.
- (2) Acute haemorrhagic oedema of lungs; inhalation of stomach contents.
- (3) Broncho-pneumonia; hypertensive heart failure; severe pre-eclampsia.  
Anaemia.
- (4) Cerebral haemorrhage; eclampsia.

## INFANT MORTALITY

During 1960, 144 infants under one year of age died, 104 within the first week and 86 within the first four weeks of life. The distribution of infant deaths amongst the County Districts is shown in Table I on page 11. The number of such deaths per 1,000 live births registered during the year constitutes the Infant Mortality Rate. The rates for the individual districts are also shown in the Table. It should be borne in mind, however, that the figures are so small in some cases that the rate calculated may not be truly significant. Table II on page 12 shows the Infant Mortality Rates for the Urban and Rural Areas, for the County as a whole, and for England and Wales for the past seventeen years. The rate for the County was 19.5, compared with 19.7 in 1959. The causes and sex-distribution of the infant deaths registered in 1960 are set out in Table IX. Prematurity is included in "Other Defined Causes".

TABLE IX—CAUSES OF INFANT DEATHS IN URBAN AND RURAL AREAS, 1960  
SUBDIVIDED ACCORDING TO SEX

CAUSE	URBAN DISTRICTS		RURAL DISTRICTS		COUNTY	
	Male	Female	Male	Female	Male	Female
Accidents (all forms) ...	2	—	—	1	2	1
Other Circulatory Disease ...	—	—	1	—	1	—
Leukaemia, Aleukaemia ...	1	—	—	1	1	1
Pneumonia ...	6	4	2	3	8	7
Bronchitis ...	1	1	—	—	1	1
Other Respiratory Diseases ...	—	—	1	—	1	—
Gastritis, Enteritis and ...	—	—	—	—	—	—
Diarrhoea ...	2	2	—	—	2	2
Congenital Malformations ...	11	13	8	2	19	15
Other Defined Causes ...	23	28	17	14	40	42
TOTALS ...	46	48	29	21	75	69





## SECTION II

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### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

## THE LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS

### Administration

The administrative pattern of previous years was maintained until the end of August when, as one of the results of the passing of the Local Government Act, 1958, the Borough of Bedford became an authority exercising Local Health Authority functions which were delegated to them. All the functions were delegated with the exception of the Ambulance Service and the care and aftercare in residential accommodation of persons suffering from mental disorder.

The Borough of Bedford had previously been part of the Northern Division. The remainder of that Division and the Eastern Division were combined to form a new North-Eastern Division.

At the end of the year, therefore, there was the County Health Committee and the following sub-committees:—

- (a) A General Purposes Sub-Committee to deal with the development of the services and matters of administration;
- (b) An Ambulance Sub-Committee;
- (c) A Mental Health Sub-Committee;
- (d) Three Divisional Committees, to which was referred the day-to-day management of the following services:—

The care of mothers and young children, health visiting home nursing, domiciliary midwifery, domestic help and vaccination and immunisation, the prevention of illness, care and after-care section of the Act being, to some extent administered centrally.

The Divisions were:—

North-Eastern: Comprising Ampthill Urban and Rural Districts; Bedford Rural District; Biggleswade Urban and Rural Districts; Kempston Urban District; Sandy Urban District.

Southern: Comprising Dunstable Borough; Leighton Buzzard Urban District; Luton Rural District.

Luton: Comprising Luton Borough.

In addition the Bedford Borough exercised delegated functions.

Each Divisional Committee had a medical adviser who was designated Divisional Medical Officer. In all cases he was a Medical Officer of Health of one or more County Districts, but in his capacity as medical adviser to his Divisional Committee he had the status of Senior Assistant County Medical Officer and was on the staff of the County Medical Officer.

In order to give a complete picture of the services provided throughout the County during the whole of 1960, particulars have been obtained from Dr. C. L. Sharp, Medical Officer of Health for Bedford Borough, in respect of the work done in that Borough during the whole of the year.

## HEALTH CENTRES

There are no Health Centres of the type envisaged by the National Health Service Act, 1946, and there is no immediate prospect of action being taken to provide one.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Care

Facilities for ante-natal care are provided by the County Council at ante-natal clinics which are conducted by experienced medical officers who see to it that a specialist opinion is obtained whenever it appears necessary. In every pregnancy, haemoglobin estimation is done. In addition, if the woman's blood has not previously been sent to a laboratory for Group, Rhesus, Kahn and Wassermann examinations, this is done. If these tests have been made, the report is obtained and no further examination of the blood is made unless there is some indication for making one.

One new clinic was opened and none was closed during the year. Of the 12 clinics functioning at the end of the year, seven were held in premises rented for the purpose. Details of attendances during 1960 are given in Table X. Whilst the demand on the Midwives' clinics in Luton continues unabated and the attendances at Dunstable, Leighton Buzzard and Houghton Regis remain good, the other clinics are used less and less.

In addition to the medical work of the clinics, instruction in mothercraft is given, in Luton by the midwives and in the rest of the County by the health visitors. In some cases special classes are held. Also, in Bedford, Dunstable, Leighton Buzzard and Luton, birth relaxation classes are held and there seems no doubt that those who attend find them most helpful.

With regard to unmarried expectant and nursing mothers, the routine maternity facilities are available and are used, but, where it is necessary to do so, special arrangements are made for their care through voluntary Moral Welfare organisations.

### Post-Natal Work

Separate post-natal clinics are not held, but facilities are available for mothers to be examined post-natally at ante-natal clinics. Women who are in normal health and who suffer no discomfort do not usually take the trouble to attend and this probably explains why only 57 examinations were carried out during the year. It should be added that hospitals and general practitioners provide facilities for their own patients after confinement.

TABLE X—DETAILS OF ANTE-NATAL CLINICS IN THE COUNTY AND ATTENDANCES DURING 1960

Clinic	Medical Officers' Sessions	Midwives' Sessions*	Total number of women who attended during the year	Number of new cases seen during year	Total number of attendances
AMPTHILL— The Cedars ... ..	25	—	21	18	148
BIGGLESWADE— The Lawns, The Baulk	25	—	19	11	99
DUNSTABLE— Health Centre, Kingsway ... ..	52	—	170	151	482
HOUGHTON REGIS— Baptist Schoolroom ...	26	—	22	20	103
LEIGHTON BUZZARD— 1, Grovebury Road ...	27	—	46	43	141
†LUTON— Dallow Road ... ..	52	104	683	569	2,901
Farley Hill ... ..	—	26	114	86	415
Stopsley ... ..	—	64	492	394	1,934
Beechwood Road ... (opened 1.1.60)	—	65	324	276	930
‡SHEFFORD— Digswell House ...	25	—	—	—	—
‡STOTFOLD— Unionist Club ...	23	—	4	4	15
‡SUNDON— Skefko Sports Pavilion	13	—	—	—	—
TOTALS ...	268	259	1,895	1,572	7,168

\*No Medical Officer in attendance.

†The Luton Clinics are Midwives' Clinics, the midwives seeing their own patients.

‡Ante-natal work is only part of the activities at these sessions.

### Infant Welfare Centres

One new centre was opened and one was closed during the year so that the total number at the 31st December remained at 75. Table XI gives details of attendances during the year.

A health visitor is present at each session and a doctor attends at regular intervals, depending on the size of the centre. No consultant or other special clinics are provided for young children by the Authority, but appropriate steps are taken to see that they obtain whatever treatment is required. Thus, some children are referred to the family doctor, while others use the facilities provided at the school clinics for speech therapy, child guidance, etc. No assistance is given to general practitioners holding clinics on their own premises.

In rural areas, one clinic often serves two or more villages. In some areas where a convenient public service is not available, transport is provided by the Authority.

### Premature Births

All infants weighing  $5\frac{1}{2}$  lbs. or less at birth are regarded as being premature, irrespective of the period of gestation. Details of the premature live births notified in the County during the year (as adjusted by transferred notifications) are given in Table XII. The total of 446 represented 6.0 per cent of notified live births in 1960. Of the 446, 52 or 11.7 per cent, died within 28 days. There were 72 premature stillbirths notified, representing 50 per cent of all notified stillbirths.

Premature babies need the most skilled attention if they are to survive. To this end, the Authority have available for use when required special cots, together with appropriate equipment. Where it is necessary for a premature baby to be admitted to hospital, arrangements have been made for nursing care *en route* and the equipment required for such a journey has been provided.

### The Unmarried Mother and Her Child

As already mentioned, the routine maternity facilities provided by the Authority are available to and are used by unmarried expectant and nursing mothers. Additional care, to the extent that is necessary, is provided for unmarried mothers and their babies by Diocesan bodies. Thus, the St. Albans Diocesan Council for Moral Welfare provides an outdoor welfare service covering the whole County and in addition provides a Home in Luton. The Local Health Authority make substantial grants towards the costs incurred in providing these services.

The Northampton Diocesan Catholic Child Protection and Welfare Society engages in outdoor social work and makes arrangements for unmarried mothers to be admitted to suitable homes.

Under the Authority's scheme, 50 Bedfordshire cases were admitted to homes outside the County during 1960. The arrangements whereby health visitors co-operate with voluntary association workers and hospital almoners in the care of illegitimate children were continued.

TABLE XI—DETAILS OF ATTENDANCES AT INFANT WELFARE CENTRES  
DURING 1960

Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year		
		Born in			Total	Age at date of attendance		
		1960	1959	1958-55		0-	1-	2-4
Ampthill ...	52	66	65	56	187	1,337	350	465
Arlesey ...	24	46	52	37	135	711	202	35
Aspley Guise ...	25	20	25	64	109	360	176	317
Barton ...	27	84	67	65	216	1,327	320	97
Bedford—								
Barford Avenue	100	152	117	129	398	2,394	443	380
Brereton Road	103	306	161	104	571	3,092	347	198
Goldington ...	52	129	131	88	348	1,912	298	126
Harewood Road	52	107	56	57	220	1,791	315	137
Putnoe ...	48	153	124	69	346	2,234	390	114
Queen's Park ...	52	70	67	63	200	1,389	212	243
Biggleswade ...	51	119	102	81	302	1,797	737	79
Blunham ...	13	9	7	10	26	44	44	73
Bromham ...	24	54	51	62	167	911	331	174
Caddington ...	48	89	94	86	269	1,920	473	183
Clapham ...	48	72	61	77	210	1,349	307	208
Clophill ...	13	21	18	22	61	134	94	80
Cranfield ...	27	25	32	53	110	370	191	204
Cranfield College	10	8	16	26	50	97	50	51
Dunstable ...	154	397	334	479	1,210	5,475	1,139	597
Eaton Bray ...	24	38	28	50	116	428	253	158
Eaton Socon ...	25	42	38	46	126	495	168	77
Flitwick ...	52	65	60	82	207	1,224	304	371
Great Barford*	9	2	7	7	16	30	16	6
Harrold ...	13	12	18	39	69	162	77	189
Haynes ...	26	9	12	21	42	158	116	148
Heath and Reach	26	38	22	33	93	480	173	166
Henlow, R.A.F. ...	25	85	87	69	241	796	145	64
Henlow Village ...	26	24	25	27	76	387	162	59
Houghton Conquest	13	9	8	17	34	107	71	57
Houghton Regis ...	65	126	112	129	367	2,005	318	296
Kempston ...	104	137	145	152	434	3,047	924	522
Kensworth ...	24	26	26	50	102	399	201	285
Langford ...	26	27	18	13	58	369	70	11
Leighton Buzzard	115	189	160	138	487	2,848	765	439
Lidlington ...	25	15	17	30	62	214	66	139
Luton—								
Beechwood ...	102	286	239	246	771	4,565	639	224
Castle Street ...	52	142	112	113	367	1,971	407	154
Dallow Road ...	48	275	180	193	648	3,405	207	174
Farley Hill ...	52	116	113	151	380	2,136	429	262
Carried forward	1,775	3,590	3,007	3,234	9,831	53,870	11,930	7,562

\* Closed, 6th September, 1960.



Centre	No. of sessions during year	No. of children who attended during year				No. of attendances during year			
		Born in			Total	Age at date of attendance			Total
		1960	1959	1958-55		0-	1-	2-4	
Right forward	1,775	3,590	3,007	3,234	9,831	53,870	11,930	7,562	73,362
continued									
grave, High									
ect ...	52	146	106	136	388	2,405	357	160	2,922
grave, Marsh									
ad ...	51	216	160	199	575	3,628	513	181	4,322
bury ...	104	231	198	213	642	3,148	467	236	3,851
Street ...	51	96	72	93	261	1,665	249	143	2,057
d Green ...	51	89	101	93	283	2,070	413	102	2,585
ane's ...	48	74	95	60	229	2,043	447	123	2,613
ley ...	103	272	263	280	815	4,300	657	264	5,221
hall Park†	14	73	57	63	193	348	59	34	441
A Moretaine	27	20	22	36	78	293	91	144	528
A Shelton	25	14	13	27	54	201	105	104	410
n ...	25	10	21	17	48	331	115	199	645
... ..	26	31	24	53	108	439	176	230	845
nt ...	25	22	13	43	78	257	104	355	716
... ..	12	10	9	14	33	105	68	97	270
... ..	26	48	28	51	127	462	128	152	742
ook ...	25	11	28	29	68	274	159	90	523
... ..	52	65	74	97	236	1,516	376	270	2,162
on ...	25	32	22	18	72	397	89	71	557
own ...	27	49	66	42	157	842	132	31	1,005
d ...	26	32	46	15	93	688	168	111	967
on ...	13	8	8	20	36	95	43	89	227
oy ...	24	12	12	31	55	188	102	209	499
... ..	24	49	41	53	143	886	208	53	1,147
... ..	52	95	67	84	246	1,657	182	99	1,938
a ...	26	10	14	30	54	227	178	208	613
... ..	64	172	151	111	434	3,408	571	265	4,244
ord ...	13	10	7	12	29	103	45	54	202
th ...	13	23	27	27	77	178	93	111	382
ton ...	51	73	112	66	251	1,701	314	110	2,125
... ..	13	8	4	49	61	80	68	62	210
ng ...	27	17	18	17	52	328	129	189	646
... ..	12	24	26	16	66	228	83	40	351
... ..	26	18	18	36	72	253	129	242	624
... ..	26	30	24	21	75	468	115	109	692
gworth ...	9	5	5	15	25	39	19	33	91
n ...	13	12	10	11	33	71	41	31	143
ton ...	12	12	7	14	33	67	37	69	173
TOTALS ...	2,988	5,709	4,976	5,426	16,111	89,259	19,160	12,632	121,051

ended, 30th September 1960.



TABLE XII—NUMBER OF PREMATURE BIRTHS NOTIFIED IN THE COUNTY DURING 1960, SHOWING WHERE BORN AND NURSED, AND SUBDIVIDED ACCORDING TO WEIGHT AND PERIOD OF SURVIVAL

	BORN AT HOME OR IN PRIVATE NURSING HOME						BORN IN HOSPITAL					Grand Total					
	Total	Nursed entirely at Home or in Nursing Home					Transferred to Hospital										
		3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	Over 4 lb. 15 oz. to 5 lb. 8 oz.	TOTAL	3 lb. 4 oz. or less	Over 3 lb. 4 oz. to 4 lb. 6 oz.	Over 4 lb. 6 oz. to 5 lb. 8 oz.	TOTAL							
Died in first 24 hours ...	5	3	—	—	1	4	—	1	—	—	1	18	3	—	2	23	28
Died on 2nd day to 28th day	4	—	—	—	—	—	—	2	—	2	4	7	11	1	1	20	24
Survived 28 days ...	129	—	12	20	82	114	3	8	2	2	15	19	45	57	144	265	394
TOTALS ...	138	3	12	20	83	118	3	11	2	4	20	44	59	58	147	308	446

### Birth Control

A new clinic having been opened at Stopsley, Luton, in June, there were, at the end of the year, four clinics provided by the Authority where advice on birth control was available to women in whose cases pregnancy or further pregnancy would be detrimental to health. Details of the attendances at each clinic are given in Table XIII.

TABLE XIII—ATTENDANCES AT BIRTH CONTROL CLINICS, 1960

	Number of women who attended for the first time	Total number of women who attended	Total number of attendances	No. of sessions
Bedford, Barford Avenue	25	179	322	23
Dunstable, Kingsway ...	33	142	273	24
Luton, Beechwood Road	250	882	1,028	52
Luton, Stopsley ...	62	148	210	12
TOTALS ...	370	1,351	1,833	111

It may be added that the Family Planning Association operates a number of clinics in Bedfordshire. The scope of their activities is wider than that of this Authority.

### Day Nurseries

It is generally accepted that normally the best place for a young child is at home, preferably with his mother. Circumstances sometimes arise, however, when it is in the child's interest that daily care of some other kind should be provided for him. It may be that there are relatives able and willing to care for him, but there are circumstances in which it is desirable for facilities to be made available by the Local Health Authority, either by way of day nurseries or daily minders. There were four nurseries operating at the end of the year. Details of accommodation and attendance are given in Table XIV. Nursery students continued to be trained at all the Luton nurseries. At the end of the year, 13 students were in training, two having qualified during the year.

Responsibility for admitting a child to a day nursery lies with the Divisional Committees and a charge is made according to the family's means. Children from the eastern part of the County are admitted to a nursery at Letchworth, by arrangement with the Hertfordshire County Council.

The Nurseries and Child-Minders Regulation Act, 1948, requires the Local Health Authority to register premises, other than premises wholly or mainly used as private dwellings, where children are received to be looked

after for the day or a substantial part thereof or for any longer period not exceeding six days. Also, persons who for reward receive into their homes more than two children under the age of five years to be similarly looked after must be registered. At the end of the year, two nurseries providing for 47 children, and 18 daily minders providing in all for 97 children, were so registered.

TABLE XIV—ACCOMMODATION AND AVERAGE DAILY ATTENDANCE AT THE DAY NURSERIES IN 1960

Address of Nursery	No. of approved places		No. of children on the register at the end of the year		Average daily attendance during the year	
	Under 2	Years 2-5	Under 2	Years 2-5	Under 2	Years 2-5
BEDFORD— 34, St. John's Street	10	30	10	29	8	22
LUTON— Alder Crescent* ...	20	30	11	36	8	28
Manor Road* ...	16	34	9	37	6	28
Stopsley* ...	16	24	9	22	8	20

\*Training Nursery.

### Daily Minders

To deal with children not living within easy access of a Day Nursery and who require to be cared for during the day, the County Council have a Daily Minders Scheme. Under this Scheme a register is maintained of persons approved by the Council as suitable to receive children by day. A fee is paid by the Council but the parents are only required to pay the cost of food or articles provided by the minder. The main difference between persons registered under this Scheme and under the Nurseries and Child Minders Regulation Act, 1948, previously mentioned is that a child minder for the purposes of the Act is a person caring for three or more children. A child minder under the Authority's scheme must be registered even though she takes only one child. In addition the scheme allows the Authority to be selective and to choose those persons considered to be best fitted for the task, whereas persons applying to be registered under the Act must be registered provided they fulfil the requirements.

So far the Scheme is only operating in the Southern Division where at the end of the year, there were 33 approved daily minders of whom 1 were actually caring for children. The number of children being minded was 24. The number of child-days for which care was provided during the year was 4,048, the total number of children minded being 56.

### Children in Care

The provision of residential homes and nurseries for children is a responsibility of the Care of Children Committee, the services of the Health Department's medical staff being utilised as and when required. Regular visits are paid to the homes to ensure that everything is in order from a health point of view.

The Health Department also arranges for children who are boarded-out to be medically examined in accordance with Home Office Regulations. The usual practice is for the examinations to be carried out by the general practitioner who attends the household.

### Dental Care

Under the National Health Service Act, 1946, priority in dental treatment is given to expectant and nursing mothers, and children. This treatment is provided free of charge. In Bedfordshire, the Local Health Authority provide facilities for the dental care of these classes in conjunction with the School Dental Service. Details of the work done during the year are given in Tables XV and XVI.

TABLE XV—FORMS OF DENTAL TREATMENT PROVIDED AT DENTAL CLINICS DURING 1960

	Extractions (teeth)	General Anaes- thetics	Fill- ings	Scalings and gum treat- ment	Silver nitrate treat- ment	Crowns or Inlays provid- ed	Radio- graphs	Dentures provided	
								Full upper or lower	Partial upper or lower
ORD— Expectant and nursing mothers ... ..	—	—	—	—	—	—	—	—	—
Children under 5 ...	41	16	17	3	—	—	—	—	—
LESWADE— Expectant and nursing mothers ... ..	—	—	—	—	—	—	—	—	—
Children under 5 ...	—	—	—	—	—	—	—	—	—
TABLE— Expectant and nursing mothers ... ..	131	44	110	37	—	—	7	11	12
Children under 5 ...	115	57	47	4	—	—	—	—	—
STON BUZZARD— Expectant and nursing mothers ... ..	89	38	31	195	—	—	—	11	19
Children under 5 ...	59	34	35	29	18	—	—	—	—
KN— Expectant and nursing mothers ... ..	145	22	43	20	—	—	11	18	22
Children under 5 ...	204	101	13	1	5	—	—	—	—
LS— Expectant and nursing mothers ... ..	365	104	184	252	—	—	18	40	53
Children under 5 ...	419	208	112	37	23	—	—	—	—

TABLE XVI—EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE PROVIDED WITH DENTAL CARE AT DENTAL CLINICS DURING 1960

	Examined	Needing Treatment	Treated
BEDFORD—			
Expectant and nursing mothers ...	—	—	—
Children under 5 ... ..	41	37	36
BIGGLESWADE—			
Expectant and nursing mothers ...	—	—	—
Children under 5 ... ..	—	—	—
DUNSTABLE—			
Expectant and nursing mothers ...	37	37	37
Children under 5 ... ..	88	88	88
LEIGHTON BUZZARD—			
Expectant and nursing mothers ...	45	45	45
Children under 5 ... ..	87	87	87
LUTON—			
Expectant and nursing mothers ...	49	47	46
Children under 5 ... ..	127	117	111
TOTALS—			
Expectant and nursing mothers ...	131	129	128
Children under 5 ... ..	343	329	322

The following report has been contributed by the Senior Dental Surgeon, Mr. R. B. T. Dinsdale:—

“It is with unfailing regularity that this report contains nothing but pessimistic statements and prophecies of future disappointments.

“Staff shortage, closure of clinics and storage of mobiles are now regular factors. Mr. Revill left in June and in spite of advertising no replacement has been obtained. This necessitated the complete closure of the Biggleswade Dental Clinic.

“Mrs. Morris, who is in charge at Leighton Buzzard, has increased the number of part-time sessions and is now able to give a proper routine inspection and treatment service to all the schools in this area.

“The old building at Leighton Buzzard in Grovebury Road was closed at the end of the year and the Dental Clinic has now moved together with the other departments, to new modern premises in Bassett Road. The new dental department consists of a self-contained suite of rooms, a surgery and waiting room, workshop and laboratory and recovery room. This is a great improvement on the old accommodation and with the old equipment supplemented with an x-ray unit the clinic is now complete.

“Attention is given to Dental Health Education. Films and lectures can be arranged when required. These are more directed to Health Education as opposed to pure Dental Propaganda.”



### **Welfare Foods**

The term "Welfare Foods" embraces national dried milk, orange juice, cod liver oil and vitamin A and D tablets. In addition to seven major distribution centres at Ampthill, Bedford, Biggleswade, Dunstable, Leighton Buzzard, Luton and Sandy, there were, at the end of the year, 107 minor centres located at infant welfare centres, shops, village halls, etc., and mainly manned by volunteers. The Authority are greatly indebted to the W.V.S. for their assistance in this important work. There is hardly a family even in the more isolated parts of the County which is not now within reasonable distance of a distribution centre. As a result, it is rarely necessary these days to send national dried milk by post.

In addition to the welfare foods already mentioned, infant welfare centres supply a variety of other dried milks and nutrients at cost price. Iron and other tablets are issued free of charge.

### **MIDWIVES SERVICE**

In Bedfordshire, the domiciliary midwifery service is provided directly by the County Council. In the Bedford and Luton Boroughs whole-time midwives are employed, but in the remainder of the County midwives undertake home nursing as well. In three instances the midwives are trained health visitors and carry out comprehensive duties, i.e. midwifery, home nursing, health visiting and school health work. At the 31st December, 1960, the staff comprised 23 whole-time and one part-time midwives, 32 nurse-midwives (one being part-time) and three health visitor-nurse-midwives. Non-medical supervision is carried out by the Chief Nursing Officer, assisted by the Divisional Nursing Officer in Luton and by the Non-medical Supervisor of Midwives and Home Nurses in the remainder of the County, including Bedford Borough. Supervision of domiciliary midwives not employed by the Local Health Authority and of midwives in Nursing Homes is undertaken in accordance with the rules of the Central Midwives Board. At the end of the year there were three of the latter and one of the former practising in the County.

Of the whole-time midwives employed by the Authority, 16 are approved as training midwives by the Central Midwives Board and take pupils for the three-months' district training that they are required to do for Part II of their course. During the year 75 pupil midwives completed their district training.

Ante-natal supervision by midwives is carried out in accordance with the rules of the Central Midwives Board and in addition every expectant mother is normally seen at least twice by a doctor during the ante-natal period. In Luton, midwives' ante-natal clinics are held regularly at a central clinic. In the remainder of the County all ante-natal supervision by midwives is undertaken in the patients' homes. Maternity outfits are supplied free in all domiciliary cases.

The midwives have off-duty periods in accordance with the recommendations of the Rushcliffe Committee. Outside Bedford and Luton Boroughs the midwives, who are also home nurses, combine in groups of

three or four for relief purposes and the maximum flexibility is allowed to them. This fact, combined with a reasonable case-load, means that night calls are not a serious problem. If it happens that a midwife has disturbed nights and wishes to be relieved she informs the Chief Nursing Officer. The system works very well and the midwives do not wish it to be changed. In Bedford and Luton, midwives are employed full-time and there is an adequate relief system.

The number of deliveries attended by midwives in the County during 1960 is given in Table XVII. 41·6 per cent of all notified Bedfordshire births (live and still) in 1960 were domiciliary, compared with 41·5 in 1959 and 40·0 in 1958.

In recent years, particularly in the south of the County, there has been a substantial increase in the number of cases delivered in hospital and discharged into the care of domiciliary midwives before the fourteenth day. In 1960, there were 598 such cases. Often they are midwives' cases where it is considered to be in the mother's best interests for the actual delivery to take place in hospital (e.g. high blood pressure or post-maturity). If everything goes well, she is then returned to the midwife's care.

During 1960, six midwives attended refresher courses organised by the Royal College of Midwives.

TABLE XVII—NUMBER OF DELIVERIES ATTENDED BY MIDWIVES DURING 1960, SHOWING NUMBER OF CASES IN WHICH DOCTOR WAS PRESENT

	Domiciliary cases				
	Doctor not booked		Doctor booked		Total
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present	
Midwives employed by County Council ... ..	13	38	737	2,297	3,085
Midwives employed by Hospital Management Committees ...	—	8	—	—	8
Midwives in Private Practice (including Nursing Homes) ... ..	—	—	5	1	6
TOTALS ... ..	13	46	742	2,298	3,099

### Analgesia in Childbirth

All the midwives employed by the Authority are qualified to administer gas and air analgesia and 58 sets of apparatus were in use at the end of the year. Trilene also is used in Luton Borough and five sets of apparatus



were in use at the end of the year. In addition, the midwives are supplied with pethidine. It may be said that, in the normal course of events, analgesia is available to every woman attended by the Council's midwives.

Table XVIII shows the number of women who received either gas and air or trilene, according to whether or not a doctor was present at the delivery. It will be seen that 81·3 per cent of all cases attended by domiciliary midwives received inhalational relief from pain. It should be borne in mind that when a doctor attends the confinement he often administers some form of analgesic himself.

Many women have pethidine as well as an inhalational analgesic; in other cases that is the only relief that is required. The midwives administered it to 493 women whose delivery was attended by a doctor and to 1,306 whose delivery was not so attended.

TABLE XVIII—NUMBER AND PERCENTAGE OF DOMICILIARY CASES IN WHICH INHALATIONAL ANALGESICS ADMINISTERED BY MIDWIVES, 1960

	Doctor present at delivery	Doctor not present at delivery	Total
Gas and Air ... ..	501	1,796	2,297
Trilene ... ..	88	124	212
TOTALS ...	589	1,920	2,509
Percentage of women receiving inhalational analgesics ...	78·5	82·2	81·3

## HEALTH VISITING

During recent years the scope of the health visitor's duties has been gradually extended. In her work with mothers and children, greater emphasis is now laid on health education. At the same time, more and more of her time is taken up by problem families and with the care of old people. Further details concerning problem families are given in that part of this report dealing with Prevention of Illness, Care and After-care.

Excluding supervisory staff there were, at the 31st December, 1960, 46 qualified health visitors employed by the Authority. Five were full-time Tuberculosis Visitors, six were doing full-time health visiting, 32 combined health visiting with school nursing (three being part-time), and three were combining health visiting with midwifery, home nursing and school nursing. In Luton it was still necessary to make use of some nurses not trained as health visitors.

During the year, 18,833 families were visited by Health Visitors and 25,618 children under five years of age were seen in their homes. Further particulars of the visits paid during the year are given below:—

	<i>First Visits</i>	<i>Total Visits</i>
Expectant mothers ... ..	1,622	2,470
Children under 1 year ... ..	7,897	34,087
Children aged 1 year ... ..		14,568
Children aged 2-4 years ... ..		26,537
Other cases ... ..		3,613

The total number of attendances made by Health Visitors at clinic sessions during the year was 4,072. Figures relating to the work of the Tuberculosis Visitors are given in the paragraphs on Tuberculosis in Section III of this Report.

In accordance with the recommendations of the Ministry regarding refresher courses six Health Visitors attended courses in 1960.

## HOME NURSING

The County Council make direct provision of a Home Nursing Service. The nurses deal with any emergency to which they may be called but the general practice is for them to place on their lists only patients referred to them by the general medical practitioners under whose direction they work. Patients on discharge from hospital are referred to their own doctors, from whom the nurses take instructions. Occasionally, however, it is necessary for reference to be made both to doctor and to nurse. Message forms are left at the patient's home to facilitate inter-change of information between doctor and nurse. No all-night service is provided, but the nurses are available for night calls if required urgently.

Liaison arrangements are simple. There is no need for anything elaborate. The existence and availability of the Local Health Authority's home health services are known to the hospitals and the general practitioners and the services are called upon as required for any purpose. The establishment is reviewed from time to time in order to ensure that it is adequate to meet the requests made. There is no difficulty about accepting patients on discharge from hospital, doing dressings for them and giving them injections when necessary. In fact, it is routine for Bedfordshire patients from one hospital in a neighbouring County to be discharged early and to receive further nursing at home. In appropriate cases also out-patients are attended to by home nurses. Most frequently the Local Health Authority services are brought into operation by the hospital almoners.

In the case of children, the same system is in operation, with the addition that in Luton health visitors regularly accompany the paediatrician on his rounds. It is a matter of experience that not so many children as formerly are now admitted to hospital. That may account for the fact that not many are referred to the domiciliary services. There is no difficulty in dealing with those who are referred; e.g. for dressings or teaching a parent to give an insulin injection.

There is direct liaison between hospital almoners and health visitors particularly in regard to children with bad home backgrounds. Moreover, if a child is not being visited by his parents, the almoner asks the health visitor to investigate.

The major part of the work of the home nurses is with cases classified as medical and a considerable demand has been made on the services of home nurses in recent years for the administration of antibiotics and drugs by injection.

Home nursing is more and more concerned with the care of the aged. Thus of the 6,070 patients attended in 1960, 2,742 (i.e. 45.2 per cent) were 65 years of age or over. The corresponding percentage in 1955 was 47.6. The average number of visits paid to old people was 33, compared with 17 in the case of patients under 65 years of age.

At the 31st December, 1960, there were, in addition to the 32 nurse-midwives and three health visitor-nurse-midwives already mentioned, 13 full-time nurses of whom seven were men. There were also two part-time home nurses.

The numbers of patients in various categories who were attended during the year are shown below, together with the numbers of visits paid.

<i>Type of Case</i>				<i>No. of Cases</i>	<i>No. of Visits</i>
Medical	...	...	...	4,303	116,375
Surgical	...	...	...	933	24,470
Infectious Disease	...	...	...	—	—
Tuberculosis	...	...	...	71	3,907
Maternal Complications	...	...	...	44	321
Others	...	...	...	719	2,188
TOTALS				6,070	147,261

The Queen's Institute of District Nursing arranges refresher courses for District Nurses. Four nurses attended such courses in 1960.

## VACCINATION AND IMMUNISATION

### Smallpox Vaccination

Severe outbreaks of smallpox are now rare in this country. The disease is, however, still present in Eastern countries and there is always a risk that the disease will be brought into the country either by someone who is infected but who arrives before the illness has become apparent, or by material such as raw cotton. The traveller abroad is at much greater risk, particularly in the East, and protection against the disease by means of vaccination is often a pre-requisite for travel or for entry into many countries. With foreign travel becoming much more commonplace, the probability is that a substantial number of people will, at some time or other, find it necessary to be vaccinated. Thus the need for vaccination is still present and it is best done in infancy.

In Bedfordshire all vaccination against smallpox under the Scheme is undertaken by general practitioners. Table XIX shows the number of persons vaccinated for the first time during 1960 divided according to age. There was an increase of 561 in the total number of persons vaccinated for the first time. Of these, 313 were under one year of age and 163 aged one year. As there were over 700 more births than in the previous year, the situation is far from satisfactory. For the County as a whole, the number of infants under one year of age who were vaccinated was 39.3 per cent of births registered in 1960. The corresponding figure for the previous year was 39.9 per cent. During 1960, 807 persons were re-vaccinated, compared with 664 in the previous year.

TABLE XIX—NUMBER OF PERSONS VACCINATED FOR THE FIRST TIME DURING 1960, SUBDIVIDED ACCORDING TO AGE

	Age					Total
	0 —	1 —	2-4	5-14	15 +	
North-Eastern Division	527	142	47	46	77	839
Southern Division ...	721	56	42	48	56	923
Luton Division ...	1,256	63	59	80	154	1,612
Bedford M.B. ...	400	52	59	39	71	621
TOTALS ...	2,904	313	207	213	358	3,995

### Diphtheria Immunisation

There were no cases of diphtheria in Bedfordshire in 1960, but small outbreaks occurred in other parts of the country with serious results. These outbreaks received wide publicity and it is hoped that the lesson will not be forgotten. Diphtheria can be prevented by immunisation. The need for immunisation is being continually stressed and mothers are urged to take their babies either to the family doctor or to the child welfare centre to be immunised. In a great many cases immunisation is now being combined with protection against whooping cough. Immunisation of school children is arranged through the schools.

After about five years the protection given by immunisation falls below the completely safe level and needs to be reinforced by a "booster" injection. The practice has developed of giving these injections when the child enters school at the age of five, and again at the age of ten, i.e. in the last year at primary school. It cannot be emphasised too strongly that parents who fail to ensure that their children are properly protected in this safe and painless way are not only endangering the lives of those children but may also endanger the lives of others.



To make it virtually certain that outbreaks of diphtheria will not occur, at least 75 per cent of children under 15 years should be effectively immunised, i.e., they should have received some protection within the last five years. The percentage of the child population thus protected is referred to as the "immunity index." As will be seen from Table XX, the immunity index for the age-group 1-4 years at the end of 1960 was 72.6 but only 49.4 for the age-group 5-14 years. The corresponding figures for the previous year were 71.9 and 49.4. Table XXI shows the number of children immunised during 1960. An increase in the number of primary immunisations was recorded but this no more than matched the increase in the number of births. There was a small increase in the number of "booster" injections given. The administrative arrangements for these injections are at present under review and it is hoped to obtain a considerable improvement in this figure.

TABLE XX—NUMBER OF CHILDREN IN THE COUNTY KNOWN TO HAVE COMPLETED A FULL COURSE OF IMMUNISATION BY 31ST DECEMBER, 1960, SUBDIVIDED ACCORDING TO THE AGE AT THAT DATE

Age at 31.12.60	Under 1	1-4	5-9	10-14	Total Under 15
Last complete course of injections (whether primary or booster)—					
1956-60 ... ..	1,559	16,910	18,327	9,162	45,958
1955 or earlier ...	—	—	4,483	13,176	17,659
Estimated mid-year child population ... ..	6,820	23,280	55,700		85,800
Immunity Index ... ..	22.9	72.6	49.4		53.6

TABLE XXI—NUMBER OF CHILDREN WHO RECEIVED A FULL COURSE OF PRIMARY DIPHTHERIA IMMUNISATION IN 1960, SUBDIVIDED ACCORDING TO AGE AT DATE OF FINAL INJECTION, TOGETHER WITH NUMBER OF CHILDREN IN VARIOUS AGE GROUPS WHO RECEIVED "BOOSTER" INJECTIONS

	AGE			Total
	Under 1	1-4	5-14	
Primary Immunisation	4,013	1,809	891	6,713
"Booster" Injections ...	—	149	5,859	6,008

### Protection Against Whooping Cough

Since the 1st November, 1954, the Authority have provided facilities for protection against whooping cough to children under the age of two years who have not suffered from the disease, and whose parents make a request for such protection. Although the vaccine can be given alone, in the vast majority of cases it is combined with diphtheria prophylactic as will be seen from the figures in Table XXII.

Of the 241 children who were notified as suffering from whooping cough in 1960, 20 are known to have been vaccinated. Of these, six had received their injections less than 12 months previously.

TABLE XXII—NUMBER OF CHILDREN PROTECTED AGAINST WHOOPING COUGH ALONE OR IN CONJUNCTION WITH DIPHTHERIA IMMUNISATION DURING 1960, SUBDIVIDED ACCORDING TO AGE ON COMPLETION

	AGE							Total
	0—	1—	2—	3—	4—	5—9	10—14	
Combined with Diphtheria Immunisation ... ..	4,298	1,261	269	88	70	133	32	6,151
Alone ... ..	48	8	1	1	1	3	—	62
TOTALS ... ..	4,346	1,269	270	89	71	136	32	6,213

### Poliomyelitis Vaccination

In the five years since poliomyelitis vaccination was commenced in this country, there has been a tremendous increase in the work done. Originally, in 1956 the amount of vaccine was so small that it could be offered only to selected children between the ages of two and nine years. It soon became possible to give these children a second injection and then to offer vaccination to all children under nine. By the end of 1957 the scheme had been extended to cover all children up to the age of 15, expectant mothers and certain other groups who were regarded as being at special risk. Moreover, sufficient vaccine was available to give three injections. The next step was to extend the age limit to 25 in 1958. In February 1960, the age limit was raised once again, this time to 40, and certain other persons beyond that age were brought into the scheme. Finally in November the Minister of Health announced that whilst the arrangements of local health authorities for the vaccination of persons up to 40 years of age would continue unchanged, any person beyond that age would in future be able to apply to his own doctor for vaccination, the vaccine being obtained through the pharmaceutical service of the Executive Council.



It is estimated that at the end of the year there were approximately 200,000 persons eligible for vaccination of whom 119,020 (59·5 per cent) had registered. 93,785 had received three injections, 22,477 two injections and 2,304 only one injection. Thus only 454 of those registered (i.e. 0·4 per cent) had received no protection.

In February 1960, the Minister of Health announced that the Medical Research Council were to undertake a study of a live attenuated poliomyelitis vaccine given by mouth. The main object was to ascertain the optimum dosage and some twenty areas of the country were selected of which Bedfordshire was one. The advantages which have been claimed for this type of vaccine are:—

- (i) it is likely to produce a more lasting immunity to poliomyelitis;
- (ii) it might be used to control a local outbreak or an incipient epidemic;
- (iii) the oral method of administration is easier than injection and should encourage wider acceptance.

The County Health Committee agreed to co-operate and Bedford Borough was chosen. The aim was to get parents of about 25 babies aged 6 to 9 months to volunteer to let their children receive the oral vaccine and then for samples of blood and specimens of faeces to be collected for examination at the Public Health Laboratory. Despite excellent publicity by the local newspaper not one volunteer was forthcoming and it was impossible to proceed with the study in this area. A better response was obtained in other parts of the country but so far the results have not been published.

## AMBULANCE SERVICE

The Authority make direct provision of an ambulance service for the whole of Bedfordshire except a small area on the Buckinghamshire border and one on the Northamptonshire border. In these areas, agency agreements are in existence with the Buckinghamshire and Northamptonshire County Councils respectively. The latter Council took over the Rushden and District Motor Ambulance Association on the 14th June, 1960, and it is only fitting that tribute should be paid to that Association for the services rendered to this Authority over many years.

Radio-telephones are installed in all vehicles and radio control centres are situated at Luton and Kempston. In the south the Dunstable depot is linked with Luton, and in the north the Ampthill and Biggleswade depots are linked with Kempston. The system works well.

At the 31st December, 1960, the total ambulance personnel directly employed numbered 74. It comprised one superintendent, one maintenance officer, five station officers, two deputy station officers and 65 driver-attendants. A valuable reinforcement to the service is received from the Hospital Car Service and from the attendance of voluntary personnel of the

St. John Ambulance Brigade and the British Red Cross Society at the depots. During the year, the Hospital Car Service travelled 180,732 miles in conveying 6,676 patients for the Authority. Car Hire Services were employed to convey 148 patients to and from the Chest Clinic in Bedford, and 1,289 miles were travelled.

TABLE XXIII—MILEAGE TRAVELLED AND PATIENTS CARRIED BY COUNTY AMBULANCE SERVICE AND OTHER SERVICES, 1960

Depot or service	Mileage	Patients carried			
		Accident	Sickness	Other	Total
County Council—					
Amphthill ... ..	112,236	767	8,858	86	9,711
Bedford ... ..	152,673	1,809	19,709	4	21,522
Biggleswade ... ..	110,154	907	11,932	333	13,172
Dunstable ... ..	82,017	1,849	7,820	173	9,842
Luton ... ..	137,663	3,671	20,081	1	23,753
	594,743	9,003	68,400	597	78,000
Bucks. C.C. (Linslade) ...	34,754	230	5,386	—	5,616
*Northants C.C. ... ..	691	7	24	—	31
Hospital Car Service ...	180,732	—	5,548	1,128	6,676
Car Hire ... ..	1,289	—	148	—	148
	812,209†	9,240	79,506	1,725	90,471

\*Formerly Rushden and District Motor Ambulance Association.

†A further 9,598 miles were travelled by other Ambulance Services in conveying patients from Bedfordshire, making a grand total of 821,807 miles.

Wherever possible patients who have to travel long distances are sent by train. This was done on 131 occasions during the year, 19 of the patients being stretcher cases. It is pleasing to record that the arrangements made for the patients by British Railways are most satisfactory. It is fitting also that tribute should be paid to the London County Council for the help given to patients sent to London by train, either by transporting them to their final destinations or to other main-line stations from which they continue their journeys.

Table XXIII shows the number of patients carried and miles travelled by vehicles at each of the five depots and by other Services acting on the Council's behalf. Altogether, the Council's vehicles recorded 594,743 miles during 1960 and of that total 8,717 miles were travelled on behalf of other authorities.

Table XXIV shows the total mileages travelled in the years 1956–60 in providing an ambulance service for Bedfordshire, and includes mileages recorded by other Ambulance Services acting on the Council's behalf.

TABLE XXIV—MILES TRAVELLED IN PROVIDING AMBULANCE SERVICE FOR  
BEDFORDSHIRE, 1956-60

Work done by	1956	1957	1958	1959	1960
County Council Depots* ...	562,141	547,398	550,553	554,236	586,026
Hospital Car Service ...	164,663	152,196	160,052	182,153	180,732
Car Hire Services ...	11,090	5,895	3,111	2,079	1,289
Bucks. C.C. (Linslade Depot)	35,020	31,476	32,988	32,089	34,754
Northants C.C.† ...	3,060	1,835	1,010	685	691
Other Authorities ...	16,390	14,367	12,308	10,093	9,598
TOTALS ...	792,364	753,167	760,022	781,335	813,090

\*Excluding mileage travelled on behalf of other Authorities.

†Formerly Rushden and District Motor Ambulance Association.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

In the case of tuberculosis, the Authority's responsibility is in relation to prevention, care and after-care, treatment being provided by the Regional Hospital Board. The Senior Chest Physicians, who work at and from the Chest Clinics, are jointly employed by the Regional Hospital Board and the Local Health Authority. Five Tuberculosis Visitors were employed full-time by the Authority at the end of the year, there being one vacancy. The establishment also provides for two Welfare Officers although both posts were vacant throughout 1960.

In appropriate cases extra nourishment in the form of milk and eggs is provided and 110 patients benefited in this way during 1960. Tuberculous patients being nursed at home also receive domestic help if required, and 12 persons were so assisted during the year. Beds, bedding and shelters are available, in addition to medical comforts. At the end of the year 20 tuberculous patients were receiving occupational therapy at home.

Arrangements still exist with settlements for the reception of suitable patients. When they are sufficiently recovered to embark on rehabilitation the County Council accept financial responsibility for their maintenance. Little use has been made of this scheme for some years and no patients were being maintained at the end of 1960.

As part of the scheme for prevention, arrangements are made, where necessary, to provide boarding-out accommodation for the children of infectious persons, but the need did not arise during 1960.

The Authority have made arrangements under Section 28 for B.C.G. vaccination of contacts of tuberculous persons. During the year, 473 contacts were vaccinated. In addition, 42 members of hospital staff received protection. Where the contact is a new-born baby of tuberculous persons, there is a scheme whereby it is segregated prior to receiving B.C.G. vaccination but the necessity for this did not arise during 1960. Details of the scheme to vaccinate 13-year-old schoolchildren are given in Section III of this Report.

### **Other Types of Illness**

For the care and after-care of the non-tuberculous sick being nursed at home, the Authority provide, where necessary, medical comforts, domestic help and occupational therapy.

### **Medical Comforts**

The Authority provide certain articles of apparatus on loan when required by sick persons for continuous use in their homes. This is mainly done indirectly through the British Red Cross Society and the St. John Ambulance Brigade who, between them, were operating 29 Medical Comforts Depots in the County at the end of the year.

### **Convalescence**

The Local Health Authority have a scheme for the provision of such convalescent facilities as lie outside the scope of the Regional Hospital Board. A charge is made depending upon the family's financial circumstances. During 1960, 14 adults and 13 children were sent away under this scheme.

### **Occupational Therapy**

Previous reports have explained at length what is meant by occupational therapy. It is far more than a means of providing homebound patients with craftwork for the purpose of occupying their time. An important aspect of the work is the rehabilitation of mental patients and of persons suffering from physical disabilities, either temporary or permanent.

Patients are referred by hospitals, general practitioners, welfare officers and mental welfare officers. In all cases a medical certificate is required. Patients who are given craftwork to do receive an initial gift of material to the value of 16s. 0d.

By the very nature of the work, there can be no quick turnover of patients and whilst new patients are continually being referred, the number being taken off the registers is small. This means that there is a waiting list with the possibility of a long wait before a patient can be fitted in. Visits have to be arranged according to a strict time table and many cases are only seen once in four weeks. With any break in visiting, this period becomes much longer. Miss Smith, the occupational therapist for



the north of the County was absent from duty owing to illness from October, 1960 until February 1961 and at the time of writing Miss Griffith has left and not yet been replaced. At the 31st December, 1960, 147 patients in the following categories were on the books for visiting:—

Respiratory tuberculosis	...	...	...	...	14
Non-respiratory tuberculosis	...	...	...	...	6
Other respiratory diseases	...	...	...	...	11
Heart diseases	...	...	...	...	4
Diseases of the central nervous system	...	...	...	...	53
Arthritis	...	...	...	...	23
Other diseases of bone and joint	...	...	...	...	6
Congenital malformations	...	...	...	...	6
Mental illness	...	...	...	...	10
Others	...	...	...	...	14

The work of the Occupational Therapist in the south of the County continued to be helped considerably by her being one of the rehabilitation team led by the Consultant in Physical Medicine at St. Mary's Hospital, Luton. Patients referred to the Occupational Therapist can be given the opportunity, with the permission of their own doctors, to attend the Out-Patient Department where the consultant will see them. Discussion with the team then leads to the scheme of treatment.

In addition to domiciliary patients, visits were paid whenever possible to six of the Welfare Committee's homes and to Heathwood Hostel. At these places instruction in handicrafts and recreational activities was given.

### **"Problem Families"**

The term "problem family" has come into general use in the last ten to fifteen years but there has been a wide divergence of views as to what it means. Many attempts at definition have been made, either in terms of failure to improve through contact with the social services or of failure to attain certain minimum social standards. The difficulty is that the social services available vary in different localities as do the social standards and refuge is sought in the statement that the problem family is hard to define but easy to recognise.

What is indisputable is that certain families, because of their conditions of life and their failure to respond to the social assistance available, present many difficulties to local authorities. Whatever label is applied to such a family, the difficulties are there and sooner or later the local authority is faced with the problem of dealing with them. Then, too, there are the families with problems which may well reach the point of causing a disruption of normal home life with consequent risk to the mental health of the children.

In Bedfordshire, when a health visitor becomes aware of the difficulties of a family she does what she can to help. If she feels that unaided she

cannot resolve the difficulties, the health visitor calls on officers from other services to play a part. If this does not achieve results, the problem is placed before the Divisional Medical Officer who may then bring the matter before the local co-ordinating committee. This committee consists of representatives of the various official and voluntary bodies who may be able to assist in finding a solution. For example: Public Health Inspector; Housing Manager; Health Visitor; Nursing Officer; Home Help Organiser; Welfare Officer; Children's Officer; N.S.P.C.C. Inspector; Area Officer, National Assistance Board; Probation Officer; Hospital Almoner; W.V.S. Organiser; Mental Welfare Officer; Manager, Employment Exchange; Youth Employment Officer; Education Welfare Officer.

The amount of time that a health visitor or any other officer can give to these families is severely restricted by the officer's normal duties and there is a very great need for *ad hoc* social workers such as those trained by the Family Service Units to supplement the efforts made by the existing services to prevent the break-up of family life and to rehabilitate families where serious problems have already arisen. There are now three suitably experienced Social Workers on the staff of the Local Health Authority.

Specially selected home helps are a great help with some families, giving the mother practical instruction in housecraft, including the proper spending of whatever money is available.

In suitable cases, the Authority send mothers and their children (if under 7 years) to a recuperative centre (e.g. Brentwood) for a period. The aims are to improve the health of the mother; give personal assistance with her problems and to encourage a higher standard of home management; and to encourage the healthy and happy development of the children.

## Health Education

Every member of the Health Department staff who has contact with the public is a health educator to some degree and the most effective results are achieved when all work together as a team. Thus, medical officers, health visitors, mental welfare officers, etc., all play their part as well as the Health Education Officer. Much of the work is done by personal contact both in the home and in the clinic.

The Mothercraft and Relaxation Classes to which reference has already been made are well attended and afford an opportunity for systematic and continuous health education.

The Health Education Officer is always willing to assist any of the District Councils in the furtherance of their work in the health field. Thus the Bedford Borough Council organised two courses on food hygiene during the year and he showed films at several of the lectures. Altogether 42 film shows and 17 talks were given to various groups by the Health Education Officer during the year. In addition, talks were given by other members of the staff. The services of the section were again much in demand by student teachers and every effort was made to help them.



In March and April, 1960, four lectures were given to medical officers, health visitors and school nurses on various aspects of mental health, with particular reference to children. The titles of the lectures were "Emotional Disturbances of Childhood", "Mental Development of the Young", "Mental Health—the New Look" and "The Problem of Mental Sub-normality". In addition, the health visitors in the Dunstable area attended a series of discussions with members of the Child Guidance team.

On the 1st and 2nd November a course on "Human Relations" was presented by the Central Council for Health Education. Although primarily intended for Mental Welfare Officers and Health Visitors, staff from the Clerk's Department, Civil Defence, Bedford and Luton Health Departments and the Probation Service attended together with other members of the Health Department staff. Altogether 70 persons attended all or part of the course and it was a great success.

The other special activity which concerned the Department during 1960 was the Nursing Exhibition at the Corn Exchange, Bedford, organised by the local Hospital Management Committees in February. The opportunity was taken to mount a stand depicting the work of health visitors, home nurses and domiciliary midwives. Demonstrations of bathing the baby and dressing a wound were given at intervals and were major attractions.

In Luton, health education is undertaken by the Borough Health Committee, the Local Health Authority contributing 50 per cent of the expenditure incurred.

### **Home Safety**

The Authority make a contribution to the Royal Society for the Prevention of Accidents and receive information and material from that organisation. There are now five voluntary Home Safety Committees in the County, one having been formed in Sandy during 1960. The County Health Department is represented on the Bedford, Biggleswade, Dunstable and Sandy Committees by the Health Education Officer. The other Committee is in Luton.

Among the talks by the Health Education Officer already mentioned were two series of lectures on Home Safety—six to Red Cross Cadets in Dunstable and two to the Girls' Life Brigade in Bedford. Both courses were followed by a test with satisfactory results.

### **Chiropody Service**

At the beginning of the year, the Authority amended the Scheme under Section 28 of the National Health Service Act, 1946, to provide with effect from the 1st April, 1960, a Chiropody Service either directly or through voluntary organisations. In view of the shortage of qualified chiropodists, it was proposed to limit the provision in the first instance to the elderly, the physically handicapped and expectant mothers.

Voluntary organisations already providing such a service for elderly people were invited to continue on the following conditions which also apply to other voluntary organisations coming into the scheme subsequently.

- (i) All chiropodists with whom Clubs enter into contract in the future must be duly qualified, i.e. they must satisfy one or other of the qualifications laid down in Section 3 of the National Health Service (Medical Auxiliaries) Regulations, 1954.
- (ii) The Clubs shall be free to pay chiropodists whatever fees they wish, but reimbursement will not exceed the amount the County Council would pay for a chiropodist directly employed by them for a similar service.
- (iii) Grants will only be paid in respect of the "elderly" (i.e. females of 60 years of age and over and males of 65 years and over), and Clubs will make arrangements for all such persons in their area, whether Club members or not.
- (iv) Grants will be made for all new treatments only on a certificate of a Doctor, Nurse, Health Visitor, Midwife or Welfare Officer.
- (v) Charges to patients shall be the same as those charged for the directly provided County Council service.
- (vi) Rents paid specifically for chiropody purposes will be refunded, subject to their being reasonable.
- (vii) Wherever possible arrangements made by Clubs with chiropodists shall provide for the work to be done on a sessional basis in premises provided by the Clubs, either by arrangement with the Authority or otherwise.

The County Council decided to make direct provision (at Local Health Authority clinics as far as possible) of the service for expectant mothers and handicapped persons throughout the County and for elderly persons in places not covered by voluntary organisations. It was hoped to establish sessions in eight areas not less than fortnightly but this was not found possible. By the end of the year, it became apparent that in order effectively to operate the scheme a whole-time chiropodist would need to be appointed and this the Authority agreed to do in 1961.

## **MENTAL HEALTH SERVICE**

### **Administration**

A Mental Health Sub-Committee is responsible to the Health Committee for the organisation and conduct of the Authority's services for the mentally disordered. In addition to members of the Council it includes two individuals with special knowledge of and interest in mental health and representatives of the Bedford and District Society and the Luton Society for the Mentally Handicapped. The Sub-Committee includes in its number persons who are members of Hospital Management Committees, the Local Executive Council, and the Local Medical Committee.

Meetings are held quarterly, and more frequently if necessary. Sub-Committees are appointed from time to time to deal with special matters, such as staffing appointments and the inspection of proposed new premises, and these Sub-Committees meet as required. In addition, the two Training Centres are visited monthly by two members of the Sub-Committee.

Co-ordination of the work of the Local Health and Hospital Authorities is largely achieved by the actual membership of these bodies, but much is done at officer level. There is no formal joint user of officers in the sense that financial arrangements to that end have been made, and with the Service in its present form, there is no need for such arrangements.

The Authority have not found it necessary or desirable to delegate any of their duties to voluntary associations, but use is made of convalescent facilities provided by the Mental After-care Association, and of holiday homes supervised by the National Association for Mental Health.

Supervision of patients on leave from Psychiatric Hospitals is not carried out by this Authority's workers except in a few cases. Patients on leave from Hospitals for the subnormal and severely subnormal are supervised and reports are made on home circumstances for the information of the Hospitals concerned.

As part of the preparations for the coming into operation of the Mental Health Act 1959, the staff of the Service was expanded and re-organised during the year. Three additional Mental Welfare Officers and two Home Teachers were required. It was possible to recruit only one experienced Mental Welfare Officer.

The remaining two vacancies for Mental Welfare Officers were filled by men of good general education and some local government experience but with no knowledge or experience of social work in the field of mental health. They will be trained within the Service, under the supervision of the Chief Mental Welfare Officer, during the next five years.

The Service suffered a severe loss in June, when Mrs. Muriel Messenger, qualified Home Teacher, who had been in the Service since July 1955, was killed in a road accident whilst on holiday in France.

The staff at the end of the year consisted of:—

The County Medical Officer.

The Deputy County Medical Officer.

A Headquarters Section, in Bedford, with the Chief Mental Welfare Officer and Assistant Chief Mental Welfare Officer (both of whom have qualified, on secondment by the Authority, as Psychiatric Social Workers) and a Senior Clerk.

A North Beds. Area Office in Bedford, and a South Beds. Area Office in Luton, in each of which is a Senior Mental Welfare Officer, three Mental Welfare Officers and two typists. Both the Senior Officers have undertaken, on secondment by the Authority, the Refresher Course arranged by the National Association for Mental Health in conjunction with the University of Leeds. One Mental Welfare Officer (Mr. Shardlow) completed a similar Course during the year. A second Mental

Welfare Officer (Mr. Barnes) is now taking the Course, and a third (Mr. Garner) has been trained in the Service.

All the Mental Welfare Officers have been appointed in that capacity for the purposes of the Mental Health Act 1959. They are all male.

Three Home Teachers (all appointments vacant).

Two Training Centre Supervisors (both N.A.M.H. qualified).

Four Training Centre Assistant Supervisors (one N.A.M.H. qualified, one now in training—and temporary untrained substitute employed—and two untrained).

One Craft Instructor, male.

One General Assistant.

Two Cleaner/Caretakers.

Mrs. I. King, Assistant Supervisor at the North Bedfordshire Training Centre, on secondment by the Authority, successfully completed, in July 1960, the Course of Training for Teachers of the Mentally Handicapped arranged by the National Association for Mental Health.

In September 1960, Miss A. Dew, Assistant Supervisor at the same Centre, commenced a similar Course, being seconded for the purpose.

Assistant Medical Officers take part in the examination of subnormal and severely subnormal persons referred to the Service.

### Mental Illness

As was stated in the Report for 1958, the Council's Service had already gone a long way towards anticipating the demands of the new legislation. No major change was therefore anticipated with the introduction of the new Act, and no new approach was required. The changeover to the new procedures took place smoothly, and there have so far been no special difficulties. Cases of mental illness referred during the year have totalled 957, and the sources of referral are tabulated below:—

General Practitioners	...	...	...	...	519
Relatives	...	...	...	...	127
Police	...	...	...	...	73
Three Counties Hospital	...	...	...	...	49
General Hospitals	...	...	...	...	44
Patients themselves	...	...	...	...	30
Welfare Department	...	...	...	...	22
Other Departments	...	...	...	...	17
Neighbours	...	...	...	...	15
Health Visitors	...	...	...	...	12
Mental Hospitals outside County	...	...	...	...	12
Probation Officers	...	...	...	...	11
National Assistance Board	...	...	...	...	5
Other Sources	...	...	...	...	21
					<hr/> 957 <hr/>



The reasons for referral continue to be extremely varied. They range from the mild anxiety state with considerable insight, to the florid psychosis with complete lack of insight—from the patient who is willing, even eager to receive help in any form suggested to him to the patient who is resentful of “interference”, obstructive, or even physically violent towards any effort to help him in any way. Mental illness presents itself in many forms. It may even appear in the guise of a physical disorder, but usually it leads to referral only when the patient becomes socially ineffective—unable to carry on normal work, unable to maintain satisfactory human relationships or frankly anti-social.

Table XXV gives the sex-age distribution of referrals during 1960.

TABLE XXV—SEX-AGE DISTRIBUTION OF PERSONS SUFFERING FROM MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1960

	Age							Totals
	Under 21	21-30	31-40	41-50	51-60	61-70	Over 70	
Males ... ..	14	78	118	71	61	26	48	416
Females ... ..	20	52	107	107	77	64	114	541
Totals ... ..	34	130	225	178	138	90	162	957

It will be noted that the number of referrals in respect of persons over 60 years of age is again approximately a quarter of the total. A close liaison is maintained with the Welfare Department and the General Hospitals' Geriatric Consultants in these cases and every endeavour is made to avoid compulsory admission to psychiatric hospitals. It is frequently said that old people should not be so admitted, and where such a course can be avoided, this contention would be accepted. It must, however, be remembered that at present it is only in psychiatric hospitals that there are adequate facilities for their care, including protection from the dangers which they create for themselves—wandering, fire, turning on gas taps, etc. Because many of them need considerable supervision, they cannot be managed in ordinary homes provided by the Council under Part III of the National Assistance Act and others are too disturbed for admission to chronic sick hospitals. In default of a special unit for this type of case, the only possibility is admission to a psychiatric hospital. It is to the good that active treatment in such a hospital sometimes leads to a remission of symptoms and the fitness of the patient to return, at least for a time, to normal life. Such return is, however, frequently rendered impossible by the relatives' inability or unwillingness to resume responsibility. It is hoped that two new residential homes for the elderly mentally infirm, planned for 1961/62, may provide a satisfactory alternative solution in some cases.

Whenever the circumstances of the referral make it possible, the social factors contributing to the breakdown are fully investigated. In a number of cases it is possible to relieve the situation simply by adjustment

in this sphere, though this frequently takes a great deal of time. Where the problem is more difficult to resolve, full use is made of referral to Psychiatric Out-Patient Clinics, and, where appropriate, Child Guidance Clinics. Only after all other possible steps have been taken, is there resort to compulsory action under the Mental Health Act. Table XXVI shows the actions taken in respect of cases referred during the year. "Other Action" includes referrals for community care, admission to Welfare Homes, discharge to the care of relatives or friends, or referral to some other Service.

TABLE XXVI—NUMBER OF ACTIONS TAKEN IN RESPECT OF CASES OF MENTAL ILLNESS REFERRED TO THE AUTHORITY IN 1960.

Type of Action	Males	Females	Total
<b>Short Term Compulsory Admissions:—</b>			
1.1.60 to 31.10.60			
Section 20, Lunacy Act, 1890 (3-day Order)	18	19	37
Section 11, Lunacy Act, 1890 (Urgency Order)	22	26	48
1.11.60 to 31.12.60			
Section 29, Mental Health Act 1959 (Observation—Urgent) ... ..	8	8	16
Section 25, Mental Health Act, 1959 (Observation) ... ..	2	6	8
Total Short Term Compulsory Admissions ...	50	59	109
<b>Long Term Compulsory Admissions:—</b>			
1.1.60 to 31.10.60			
Sections 14 and 16, Lunacy Act, 1890 (Summary Reception Order) ... ..	23	23	46
Section 5, Mental Treatment Act, 1930 (Temporary) ... ..	4	6	10
1.11.60 to 31.12.60			
Section 26, Mental Health Act, 1959 (Treatment) ... ..	1	—	1
Total Long Term Compulsory Admissions ...	28	29	57
<b>Voluntary and Informal Admissions:—</b>			
1.1.60 to 31.10.60			
Section 1, Mental Treatment Act, 1930 (Voluntary), and Informal Admissions ...	87	95	182
1.11.60 to 31.12.60			
Section 5, Mental Health Act, 1959 (Informal Admissions) ... ..	20	25	45
Total Voluntary and Informal Admissions ...	107	120	227
Total all Admissions ... ..	185	208	393
<b>Other Action</b> ... ..	295	426	721
Total all actions ... ..	480	634	1,114

The total figure in this Table does not coincide with that given in Table XXV as in some cases more than one action is taken in the same case



e.g. emergency action (admission for observation, for instance) followed by admission for treatment or discharge to some form of care in the community.

The coming into full operation on the 1st November 1960 of the Mental Health Act 1959, makes comparisons with previous years somewhat difficult, but it will be noted that of the 1,114 actions taken, only 57 (5.1 per cent) were for long term compulsory detention. 227 (21.3 per cent) resulted in voluntary or informal admission, and 721 (64.7 per cent) were for disposal other than under the Lunacy and Mental Treatment Acts (prior to 1st November) and the Mental Health Act (1st November onwards). If it is borne in mind that a large proportion of patients are referred because there is an urgent need for action, the relatively small number for long term compulsory detention seems to confirm that great care is taken by the Service to secure appropriate treatment.

At the end of the year 126 cases of mental illness were under active community care. About one-third of these were long term cases, a few of whom have been receiving support and guidance from the Service over periods extending up to six years. A further third were cases in which interpretative work was being done with patients and their families in order to elude an appreciation of the need for treatment. The remaining third were receiving help in resettlement after treatment or to prevent the necessity for admission or re-admission. A considerable number of other cases, while not actively in contact, were being afforded the passive support of knowing that they could at any time get in touch with an officer who knew their circumstances thoroughly.

Much of the work on this aspect of the Service is protracted and difficult, and calls for the highest casework skills. Deep-seated prejudices and fears are met and must be dealt with. The work requires an understanding of the psychological forces at work both between and within the personalities (including the Mental Welfare Officer) concerned with a situation, and an appreciation that many of those forces are working outside the consciousness of those concerned. The aim must always be to assist the patient to find what is for him the best possible solution to his problem within the limits set by the society in which he lives.

It is really too soon to comment on the operation of the new Act in any detail. The figures in Table XXVI do, however, seem to confirm that, as anticipated, admission for Observation (Secs. 25 and 29) rather than for Treatment (Sec. 26) is likely to be the procedure of choice when compulsory admission becomes necessary.

The policy of using compulsion only as a last resort, of building up a team of trained and experienced Mental Welfare Officers and of adopting a casework approach to all problems as far as possible, has shown itself to be of very great value in providing a good service.

### **Mental Subnormality and Severe Subnormality**

Under the provisions of the Mental Deficiency Act, 1913, as amended, it was the duty of the Local Health Authority, *inter alia*, to ascertain what persons in their area were defectives, to provide supervision for such

persons (and where necessary, to obtain hospital care for them), and to provide suitable training or occupation for defectives who were under supervision or guardianship.

Under the Mental Health Act, 1959, Section 6, the provisions of Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and the care and after-care of patients, are extended to lay a duty on the Local Health Authority to provide many and varied forms of community care for the mentally disordered of all categories—social work services, training and occupation, residential care, etc.

The majority of cases of mental subnormality and severe subnormality are reported to the Local Health Authority by the Local Education Authority under Section 57 of the Education Act, 1944 (as amended by the Mental Health Act), following examination by one of the School Medical Officers. The social situation is then fully investigated by a Mental Welfare Officer, who submits his report and recommendations (e.g. Community Care, attendance at Training Centre, admission to Hospital) to the County Medical Officer for approval. Adult patients and some infants are, from time to time, brought to the notice of the Local Health Authority by relatives, general practitioners, etc. During the year, 49 males and 35 females were referred as mentally subnormal or severely subnormal. Of these, 51 were under 16 years of age.

At the end of the year, 477 mentally subnormal and severely subnormal persons were under community care as follows:—

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship	...	...	...	12	8	20*
On leave from Hospital	...	...	...	2	3	5
Under other Community Care	...	...	...	259	193	452
				<hr/>	<hr/>	<hr/>
Totals	...	...	...	273	204	477
				<hr/>	<hr/>	<hr/>

\* Includes three Males and seven Females who are visited by the Guardianship Society, Brighton.

At the 31st December, 1960, ten mentally subnormal and severely subnormal persons were awaiting vacancies in hospital. Of these, eight were under 16 years of age, and two were over 16 years. Six (five under 16 and one over 16) were urgent.

There are also a number of cases in the community where the home situation is such that the illness or death of the person in charge of the patient would precipitate an urgent demand for hospital care. The position with regard to vacancies is that once again admission has to be used to meet social crises, as opposed to considering this course from the point of view of the benefit which may accrue to the patient.

In his dealing with cases under care in the community, suffering from any form of mental disorder, the Mental Welfare Officer endeavours

to establish a good relationship with the patient (where this is possible) and the family (or family substitute, e.g. the employer where the person is in residential employment).

The aim, whether direct with the patient, or with his family, is to establish a relationship within which difficulties, both factual and emotional, can be resolved. There may be obvious antagonisms and feelings of guilt to be overcome. Sometimes, however, these reactions are not so straightforward. They may be subconscious or even completely unconscious. They may show themselves in the guise of over-protectiveness, neglect of other members of the family in favour of the patient, and the like. Here it is the task of the Mental Welfare Officer to help the family doctor to bring the difficulties to the surface and to assist those concerned to come to terms with and resolve them.

There is, of course, a great deal of down-to-earth practical work to be done—help in finding jobs and lodgings, assisting in managing financial affairs and generally providing an understanding yet independent, kindly but firm, stable background figure to whom the disordered person and his family may turn for practical or emotional support. Circumstances of actual physical neglect or ill-treatment seem largely to have disappeared, though in the few cases where they occur they are of course dealt with first.

### **Occupation and Training**

The purposes of Training Centres are two-fold, viz., (i) to provide occupation and training for those attending, and (ii) to provide some relief to the family, particularly the mother. The first of these objects may be stated more fully as (a) to develop the patients' physical and mental abilities as far as possible, so that their lives may be fuller and happier, and (b) with this end in view to help them to form good habits, to acquire self-control, and to develop a social sense as they learn to work and play with others. Similarly, the second purpose is more than a mere taking of the mentally handicapped person off the family's hands for a few hours each day. The benefit of this specific relief must not be underestimated, giving as it does time to the mother to do her shopping, cook the family's meals, etc., secure in the knowledge that the patient is being cared for. There are, however, other benefits, though less obvious. Training at the Centre aims at teaching the person to be less demanding of attention, to be useful in small household tasks, and generally to be more socially acceptable. There is no doubt that attendance at a Centre assists the family to continue to cope with the situation and thus reduces the demand for hospital care.

The Authority has provided Centres in North Bedfordshire (since 1947) and in South Bedfordshire (since 1948). The present North Bedfordshire Centre was built for the purpose and opened in 1957. It is situated at Kempston, and provides 35 places. In September 1960, the South Beds. Training Centre was transferred from leased adapted premises at Kirby Road, Dunstable (30 places) to a new Centre, built for the purpose at Ridgeway Avenue, Dunstable (60 places).

At the end of the year, the position with regard to places was as follows:—

	<i>Under 16</i>			<i>16 years and over</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Attending Centres ...	30*	9	39	18†	28‡	46
Waiting for Places ...	22	10	32	31	27	58
Totals ...	52	19	71	49	55	104

\*Includes one attending Centre at Hitchin by arrangement with Herts. C.C. and two attending Centre at Aylesbury by arrangement with Bucks. C.C.

†Includes one attending Centre at Aylesbury by arrangement with Bucks C.C.

‡Includes three attending Centre at Brighton provided by the Guardianship Society and one attending Centre at Eastbourne by arrangement with the Eastbourne C.B.C.

Extensions to the North Beds. Centre which will cater for 15 older boys (and release additional places for Juniors) are in hand and are expected to be completed during 1961. Steps were taken to obtain a further lease of the Kirby Road premises and to reopen them early in 1961 for 15–20 older boys, thus freeing additional places for Juniors at Ridgeway Avenue. It is hoped that, by the end of the Summer Term 1961, these measures will have made places available for 90% of those under 16, known to the Service and suitable for Centre Training. The whole question of provision of training facilities throughout the County is now under active review by a Special Sub-Committee of the Mental Health Sub-Committee.

Each Centre has a qualified Supervisor and the staff-trainee ratio is approximately 1:15. Those attending are conveyed to the Centres by coach and remain for the midday meal which is provided through the School Meals Service. The usual Centre subjects are taught and the older boys' group at the South Beds. Centre is undertaking some woodwork and other craft work. School Medical Services are being arranged.

Home teaching cannot be regarded as a completely satisfactory substitute for attendance at a Training Centre. It fails to provide the patient with companionship of and competition with his peers and leaves him without experience of group life. For those, however, who live in isolated rural areas, and for those with physical or emotional difficulties which preclude their attendance at a Centre, home teaching does provide some measure of training and occupation. Moreover, it helps to break down the barrier of isolation both for the person concerned and the family.

Group teaching serves a dual purpose—by reducing travelling time and telescoping visits it enables the Home Teacher to give more time than would be possible with individual visits, and, even more important, it gives the patient experience in handling group relationships and thereby fosters social improvement.



Up to Whitsun 1960, the total number under the training of the Home Teacher (Mrs. Messenger) was 35 as follows:—

Barton Group (mixed)	...	...	...	...	6
Luton Group (mixed)	...	...	...	...	14
Individual visits	...	...	...	...	15

The Barton Group met weekly on Tuesdays in the Youth Hut at Barton-le-Clay. Those attending were collected by the Home Teacher for this Group from Haynes, Shefford, Maulden, Campton, Sharpenhoe and Barton.

The Luton Group met weekly on Fridays at 36 Waller Street, Luton. The members of the Group were either brought in by relatives, or made their own way to the Centre. All lived in Luton or Dunstable.

Among the individual visits, a number of "home groups" were formed by two (or in one case, three) persons being brought together in the home of one of them.

With the death of Mrs. Messenger, this part of the Service collapsed. All previous efforts to recruit a second Home Teacher had failed, and efforts to replace Mrs. Messenger and to recruit for the third vacancy created by the new establishment were unsuccessful. It is hoped that the plans for provision of training facilities, now under consideration, will, when they come to fruition, meet the needs of nearly all mentally sub-normal and severely subnormal persons, suitable for training, and living in the County. There will, however, remain a need for at least one Home Teacher for some 26-30 persons, who, by reason of physical or emotional disabilities, would be unable to attend Centres. Efforts to recruit for such a post are continuing.

### Voluntary Societies

There are in Bedfordshire three Societies for Mentally Handicapped Children—Bedford and District, Luton, and Dunstable—which are affiliated to the National Society for Mentally Handicapped Children. The possibility of forming a further Branch in the eastern part of the County is under consideration. The Societies have been very active and have made notable contributions to the welfare of mentally handicapped children. They have provided apparatus for use in the Training Centres and they have jointly organised seaside holidays. They have been largely instrumental in forming Clubs in Bedford and Luton from which the handicapped derive great pleasure and benefit.

On a less tangible plane, by providing a forum in which parents and friends can meet to exchange views and experiences, and hear talks from informed sources, the Societies are helping to relieve anxieties, to break down isolation and provide mutual support. They have also done good work in bringing the problem of mental handicap to the notice of the public with consequent lessening of fears and prejudices.



## DOMESTIC HELP SERVICE

Home Helps are provided for households where assistance is needed because of illness, confinement, old age, etc. The amount of help given varies according to the needs of the individual assisted. Thus in some cases whole-time assistance is given, while in others one or two hours a day are all that is necessary. This service meets a great social need, and by enabling a great many people to remain in their own homes, reduces the pressure on hospital accommodation. A charge is made, this being based on the family income and liabilities.

New housing in some villages is causing an increased demand for home helps, particularly in maternity cases, but not always sufficiently to warrant the regular employment of home helps in these places. In general, it is possible to provide a service throughout the County but there are a few places where lack of public transport creates difficulties.

In some families, difficulties arise on account of the fecklessness of the mother. Such a mother needs instruction in housecraft, including the proper spending of whatever money is available, and a specially selected home help can do much in this direction.

At the end of the year, 35 full-time and 235 part-time Home Helps were employed, under the supervision of three Organisers. The number of cases where domestic help was provided during the year was:—

Maternity ...	...	...	...	...	...	547
Tuberculosis ...	...	...	...	...	...	12
Chronic sick (including aged and infirm)	...	...	...	...	...	1,527
Others ...	...	...	...	...	...	286
Total ...						<u>2,372</u>

In addition to the Home Help Scheme, there is a Sitters-up Scheme covering the whole County but the demand is negligible. Sitters-up may be defined as individuals who undertake to be present in the homes of other people during the night for the purpose of rendering assistance of a personal nature to individuals who through age or illness need such assistance and cannot otherwise secure it.

### SECTION III

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PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES

## NOTIFIABLE DISEASES

The number of cases of infectious disease varies considerably from year to year. Thus, in 1960, there were 2,652 confirmed cases of infectious and other notifiable diseases (excluding tuberculosis) notified to the District Medical Officers of Health. The corresponding figures for 1959 and 1958 were 5,772 and 3,220 respectively. Measles and Whooping Cough were mainly responsible for these fluctuations. Detailed figures of notifications have been extracted from the quarterly returns submitted by the District Medical Officers and are set out in Table XXVII.

TABLE XXVII—NUMBER OF CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES NOTIFIED AND CONFIRMED IN EACH DISTRICT OF BEDFORDSHIRE, 1960

	Amphill		Bedford		Biggleswade		Dunstable Borough	Kempston Urban	Leighton Buzzard Urban	Luton		Stamford Urban
	Urban	Rural	Borough	Rural	Urban	Rural				Borough	Rural	
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	7	70	14	1	1	6	5	10	18	31	—
Whooping Cough ...	1	24	54	8	—	20	45	—	15	42	32	—
Measles ...	21	20	182	26	221	135	215	—	25	449	164	—
Poliomyelitis—												
Paralytic ...	—	—	—	—	—	—	—	—	—	1	—	—
Non-Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis—												
Infective ...	—	—	—	—	—	—	—	—	—	—	—	—
Post-Infectious ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	1	—	—	—	—	—	1	—	—
Erysipelas ...	—	3	2	2	—	2	1	2	—	—	1	—
Acute Pneumonia—												
(Primary or Infl.) ...	—	2	30	6	—	17	2	1	9	24	8	—
Typhoid Fever ...	—	1	1	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	—	1	—	—	—	—	1	—	—	6	—	—
Dysentery ...	—	—	128	8	—	7	64	—	3	59	163	—
Food Poisoning ...	—	3	1	5	—	—	—	—	4	20	10	—
Infective Hepatitis (in-												
cluding Jaundice) ...	—	5	2	—	—	1	—	—	1	11	3	—
Puerperal Pyrexia ...	—	—	124	2	3	5	—	—	—	18	1	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis—												
Respiratory ...	7	16	38	11	11	9	12	1	4	97	12	—
Meninges and C.N.S.	—	—	—	—	—	—	—	—	—	1	—	—
Other ...	—	6	4	5	—	—	5	2	1	13	7	—
TOTALS ...	29	88	636	88	236	197	351	11	72	760	433	—

### **Diphtheria**

Apart from one fatal case in 1957, the circumstances of which were quite exceptional, there have been no cases of diphtheria in Bedfordshire since 1949. Experience in other parts of the country in 1960, however, served as a tragic warning that this state of affairs cannot last unless the great majority of children are immunised regularly.

### **Scarlet Fever**

Scarlet fever is endemic and the annual number of cases fluctuates. In recent years there have been rather fewer cases and the severity of the disease is certainly less than formerly. There were 166 cases notified in 1960, compared with 320 in the previous year.

### **Whooping Cough**

There were 241 cases of whooping cough notified compared with 175 in 1959. There have been rather fewer cases in recent years and it may well be that the vaccination of children against the disease is beginning to have an effect. Whooping cough vaccination does not offer as good a protection as can be obtained against some other diseases, but it is well worth while having it done. Reference is made to the Scheme in Section II of this Report.

### **Measles**

Measles is now the most troublesome of the diseases of childhood against which there is no protection. Deaths are now rare, probably because children are so much better nourished and cared for these days. It can however be a severe illness in young children and occasionally has serious after-effects. In 1960, there were 1,459 cases notified, compared with 4,680 in 1959.

### **Poliomyelitis**

Only one case of poliomyelitis was confirmed in 1960. It was of the paralytic type and occurred in a man of 27 who had not been vaccinated.

### **Dysentery**

The nationwide increase in the number of cases of Sonné dysentery in recent years is disquieting. Whilst the actual illness is mild and of short duration in most cases, it is nevertheless troublesome and difficult to control. In Bedfordshire, there have been several outbreaks since 1953. Following a lull in 1959 when only 55 cases were notified, 436 cases were reported in 1960. The areas mostly affected were Bedford Borough, Dunstable and Luton Rural District.

In a letter dated the 12th February, 1960, Dr. H. A. A. Pargeter, Medical Officer of Health for Luton Rural District, reported that 67 cases had occurred since the beginning of the year in the Sundon Park area,

mostly among children attending the local school. Every reported case was investigated with the result that 17 positive contacts were detected and 31 other contacts were excluded from school. The school sanitary accommodation was inspected and advice given to the caretaker who was in attendance at the toilets during the mid-day break. "Hygiene Drill" was emphasized in all classes and only paper towels were used.

The faeces of the entire canteen staff and caretaker were examined with negative results. Bacteriological examination of certain foodstuffs such as Chinese egg powder and synthetic cream gave negative results. Dr. Pargeter concluded, "For many years past sporadic cases of *Sonné* dysentery have occurred in this area and there is no doubt that there are permanent carriers amongst the population. I am convinced that this disease is not water borne or due to infected foodstuffs."

### Infective Hepatitis

In order to facilitate the work of a committee appointed by the Medical Research Council, "jaundice" was made compulsorily notifiable in November, 1943, in the region roughly comprising East Anglia, and including Bedfordshire. The number of cases reported annually since then in the County is given in Table XXVIII, together with the figures for Bedford and Luton Boroughs. It will be seen that the disease appears to occur in cycles and that the number of cases in 1960 was small.

TABLE XXVIII—NUMBER OF CASES OF "JAUNDICE" IN BEDFORD AND LUTON BOROUGH AND WHOLE COUNTY, 1944-60

Year	Whole County	Bedford	Luton
1944	131	52	48
1945	108	14	71
1946	29	7	20
1947	34	8	12
1948	47	8	27
1949	69	29	12
1950	146	102	6
1951	65	32	4
1952	29	16	3
1953	26	16	2
1954	81	9	9
1955	59	7	41
1956	223	95	101
1957	173	112	32
1958	30	9	8
1959	18	6	4
1960	24	2	11

Past experience in Luton Borough suggests that only 10 per cent of cases are reported. Thus, although the disease appears to occur mainly in the Boroughs of Bedford and Luton there may well be many cases in other parts of the County of which nothing is known.



It is known that infective hepatitis is spread by close personal contact and by food and there is no doubt that scrupulous attention to personal hygiene, particularly the washing of hands before touching food, might do much to eliminate the disease.

### Puerperal Pyrexia

In accordance with the Puerperal Pyrexia Regulations, 1951, any rise in temperature to 100.4°F. occurring in a woman within 28 days of childbirth is notifiable. In 1960, 155 cases were notified compared with 216 in the previous year.

### TUBERCULOSIS

During the year there were 212 new cases of respiratory tuberculosis and 40 of non-respiratory tuberculosis notified to the Chest Clinics. The sex distribution of these cases and the corresponding figures for the previous ten years are given in Table XXIX. In some cases, the fact that a person has tuberculosis is not known to the medical officer of health until after death, when the disease is mentioned on the death certificate. There were five such cases in 1960, all respiratory. The reasons for non-notification are always investigated.

At the 31st December, 1960, there were 2,288 cases of respiratory and 266 cases of non-respiratory tuberculosis on the Chest Clinic Registers. Table XXX shows these cases divided into men, women and children.

The total number of attendances at the Chest Clinics during 1960 (including contacts) was 40,646, and 13,416 visits were paid to the homes of patients by the Tuberculosis Visitors. 313 home visits were made by the Chest Physicians.

TABLE XXIX—NUMBER OF NEW CASES OF RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS NOTIFIED 1950–60, SUBDIVIDED ACCORDING TO SEX

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1950	256	137	393	25	25	50
1951	188	123	311	29	47	76
1952	213	168	381	14	32	46
1953	197	135	332	23	26	49
1954	135	105	240	17	24	41
1955	159	106	265	18	34	52
1956	109	74	183	19	22	41
1957	120	87	207	10	17	27
1958	118	96	214	10	17	27
1959	133	53	186	10	14	24
1960	147	72	219	15	28	43

TABLE XXX—NUMBER OF MEN, WOMEN AND CHILDREN ON THE CHEST CLINIC REGISTERS AT 31ST DECEMBER, 1960, SUBDIVIDED INTO RESPIRATORY AND NON-RESPIRATORY CASES

	Respiratory			Non-Respiratory			Totals		
	M.	W.	C.	M.	W.	C.	M.	W.	C.
Bedford ...	540	417	47	21	76	9	561	493	56
Luton ...	697	485	102	40	76	44	737	561	146
TOTALS ...	1,237	902	149	61	152	53	1,298	1,054	202

Reference has already been made in the previous Section to the provision made by the Authority for the care and after-care of the tuberculous. From a public health view, however, preventive measures are even more important. Infectious cases must be discovered as early as possible and steps taken to prevent the spread of the infection. To this end, particular attention is paid to the examination of contacts. Suitable contacts are offered B.C.G. vaccination.

In all cases of tuberculosis coming to light posthumously, steps are taken to examine contacts in much the same manner as when a live case is notified. Follow-up of early cases among children and others is done as a routine.

A scheme for the tuberculin testing of school entrants operates in Bedford Borough. Parental consent is obtained and the Heaf method is used. The purpose is to detect active disease amongst contacts of children with positive reactions. In 1960 consent was sought in 809 cases and received in respect of 691 children. Amongst the children where consent was not given were 37 who had either had B.C.G. vaccination or were under observation by the Chest Clinic. Of the children for whom consent was given, 598 were actually tested, 76 being absent from school and 17 having left the district. Only seven were found to be positive. Of these five were found to have no evidence of tuberculous infection and two were still under observation at the end of the year.

As a further step in the prevention and control of tuberculosis a scheme was introduced in 1957 for the giving of B.C.G. vaccination to children at 13 years of age so that they might have protection before commencing work. During the year, 4,257 children were skin tested by the Heaf method, 4,188 were present when the results were read and 3,780 were found to be tuberculin negative. Of these, 3,774 were vaccinated with B.C.G.

Of the 408 positive reactors, 11 were already known to the Chest Clinics and the remainder were referred to the Clinics for investigation. Eight of these failed to attend and ten were found to have tuberculous infection.

During 1959 the vaccination scheme was extended to children of 14 years and over who are still at school and also to students attending universities, technical colleges and other establishments of further education. The number of students skin tested in 1960 was 60 of whom 45 were

found to be negative and were vaccinated. Of the 15 positive reactors, one was already known to the Chest Clinic. The remainder were referred but none was found to have tuberculosis.

Periodic surveys are carried out in the County by one of the Regional Hospital Board's Mass Radiography Units. Also, for the convenience of general practitioners, miniature film sessions are held weekly at the Chest Clinics for patients in whose case X-ray is required in order to exclude the possibility of pulmonary tuberculosis. Whenever it is desirable to do so, special investigations are carried out.

## VENEREAL DISEASES

The Regional Hospital Board are responsible for the diagnosis and treatment of venereal diseases. Clinics are held at Bedford General Hospital (South Wing) and Luton and Dunstable Hospital. Table XXXI gives details of the numbers of patients who attended the two clinics during the year and the numbers who were removed from the registers for various reasons.

TABLE XXXI—NUMBER OF PATIENTS ON REGISTERS OF V.D. CLINICS AT 31ST DECEMBER, 1960, TOGETHER WITH ADDITIONS AND REMOVALS THEREFROM DURING THE YEAR

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
Patients on register at January 1960 ...	62	78	47	6	85	93	194	177
Patients dealt with for time during 1960 ...	14	16	202	39	376	171	592	226
Transfers ...	1	1	2	2	—	—	3	3
Patients restored to register during 1960 ...	1	1	—	—	25	15	26	16
TOTAL A ...	78	96	251	47	486	279	815	422
Patients removed from register in 1960 as:—								
Cured or not confirmed	4	1	95	12	314	137	413	150
Defaulted ...	2	4	31	12	33	23	66	39
Transferred for treatment elsewhere ...	4	2	11	—	2	5	17	7
TOTAL B ...	10	7	137	24	349	165	496	196
Patients remaining on register at December 1960 (A-B)	68	89	114	23	137	114	319	226



## SECTION IV

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### INSPECTION AND SUPERVISION OF FOOD



## INSPECTION AND SUPERVISION OF FOOD

Under the Food and Drugs Act, 1955, the County Council are the Food and Drugs Authority for the Administrative County less the Boroughs of Bedford and Luton and are responsible for enforcing those provisions of the Act designed to secure that food intended for human consumption is not so treated as to render it injurious to health; that drugs are not adulterated; that no food or drug is falsely labelled or advertised; that milk intended for sale for human consumption is not adulterated or misrepresented; and that there shall be no misuse of the designation "cream". In addition, the Council have a duty throughout the County to prohibit the sale of milk from diseased cows. All the other provisions of the Act are enforced by the district councils.

In the County area, the inspection and supervision of food as outlined above, is undertaken by the County Health Inspector, assisted by a Milk Sampling Officer. There is very close co-operation between the County Health Inspector and the public health inspectors employed by the district councils.

The Food and Drugs Act also affects the County Council in their capacity as caterers on a considerable scale. Thus the school meals service is subject to the provisions of the Act and the Food Hygiene (General) Regulations, 1960. The Health Department co-operates with the Departments concerned to ensure that catering arrangements comply with the statutory requirements.

## SPECIALLY DESIGNATED MILK

There are three special designations for milk—pasteurised, sterilised and tuberculin tested—and as the whole of Bedfordshire is a specified area as defined in the Food and Drugs Act, 1955, all milk sold by retail in the County must be specially designated.

Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the County Council were responsible for the granting of dealers' (pasteurisers' and sterilisers') licences in the area for which they were the Food and Drugs Authority. All other licences to deal in milk were granted by the local authority in whose area the premises were situated. On the 1st October, 1960, the regulations were superseded by the Milk (Special Designation) Regulations, 1960, and the County Council are now responsible for the issue of all dealers' licences in the area for which they are the Food and Drugs Authority. Such licences will now be valid for five years instead of one, and although issued in respect of premises at or from which the milk is to be pasteurised, sterilised or sold, will permit sales outside as well as inside the area of the licensing authority. All such premises are subject to inspection. On the 31st December, 1960, two pasteurising licences were in force.

## QUALITY OF MILK

Samples of milk are taken in order to ensure that the consumer receives milk that has not been adulterated either by the extraction of fat or by the addition of water. The law presumes, until the contrary is proved that milk is not genuine if it contains less than 3 per cent of milk-fat.

or less than 8·5 per cent of milk solids other than fat. The presumptive standard for milk-fat is low and most milks have a much higher fat content. Thus the average for all unadulterated samples taken in 1960 was 3·94 per cent, as shown in Table XXXII. Excluding Channel Islands and South Devon Milk, the average was 3·67 per cent.

The term "Channel Islands and South Devon milk" covers any milk described as Channel Islands, Jersey, Guernsey or South Devon which comes from cows of the breed specified. Under the Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956, it is an offence to sell, for human consumption, any milk so described unless it contains at least 4 per cent of milk-fat. Table XXXII shows the monthly fat content of samples of Channel Islands and South Devon milk taken during 1960.

Altogether 309 samples of milk were taken, of which 9 were abnormal. In three cases the milk contained extraneous water. In one case the sample was deficient in solids-not-fat and in the remaining five cases the samples were deficient in fat only. Appropriate action was taken.

TABLE XXXII—MONTHLY AVERAGE FAT CONTENT OF UNADULTERATED SAMPLES OF MILK, 1960

	Channel Islands and South Devon Milk		Other Milk		All Milk	
	No. of samples	Milk fat %	No. of samples	Milk fat %	No. of samples	Milk fat %
January ...	5	4·67	15	3·49	20	3·79
February ...	8	4·52	28	3·56	36	3·78
March ...	7	4·92	24	3·52	31	3·84
April ...	4	4·57	9	3·54	13	3·86
May ...	10	4·45	27	3·49	37	3·75
June ...	6	4·74	25	3·96	31	4·11
July ...	6	4·43	20	3·64	26	3·82
August ...	8	4·43	13	3·67	21	3·96
September ...	10	4·76	18	3·66	28	4·05
October ...	7	4·66	12	3·91	19	4·19
November ...	10	4·99	19	3·85	29	4·24
December ...	2	4·72	7	3·95	9	4·12
TOTALS ...	83	4·66	217	3·67	300	3·94

## EXAMINATION OF PASTEURISED MILK

To determine the efficiency of pasteurisation and the keeping quality of milk, samples are examined regularly from retailers supplying milk to the 157 maintained schools in the County (excluding Bedford and Luton) and from pasteurising plants. During the year, 263 routine samples from schools were taken, seven of which were unsatisfactory. Seven further samples were taken which were satisfactory. Routine samples from pasteurising plants numbered 69 and were all satisfactory.

## BIOLOGICAL EXAMINATION OF MILK

Since the 1st October, 1959, Bedfordshire has been an Attested Area, which means that tuberculosis is practically non-existent in cattle in the County. There is always a possibility of tuberculosis re-appearing in a Tuberculin-Tested herd and to guard against this, the Ministry's veterinary officers undertake periodical inspections. In addition, the County Milk Sampling Officer takes samples from the herds of producer-retailers. 89 samples of milk were taken during the year and tested by Guinea Pig inoculation. All were found to be satisfactory.

## ICE-CREAM

The manufacture and sale of ice-cream are controlled by the Food Standards (Ice Cream) Regulations, 1959, and the Labelling of Food (Amendment) Regulations, 1959. Samples are taken to ensure that ice-cream offered for sale complies with both sets of Regulations.

During 1960, 32 samples of ice-cream and four of dairy ice-cream were taken and were found to be satisfactory. It is of interest to record that the fat content of the 36 samples ranged from 9.0 per cent to 20.6 per cent, with an average of 12.4 per cent.

During the year, 39 samples of ice-cream were presented to the Public Health Laboratory Service for bacteriological examination. They were graded as follows:—

Grade 1	...	...	...	...	...	...	37
Grade 2	...	...	...	...	...	...	1
Grade 3	...	...	...	...	...	...	1
Grade 4	...	...	...	...	...	...	—

Samples in Grades 1 and 2 are considered satisfactory. Samples falling into categories 3 and 4 are regarded as unsatisfactory. The manufacturer of the Grade 3 sample is no longer in business and no action needed to be taken.

## SAMPLES OTHER THAN MILK AND ICE-CREAM

151 formal and 56 informal samples of food and drugs, other than milk and ice-cream, were taken during the year. Of these five formal and nine informal samples were adulterated, particulars of which are given in Table XXXIII.

TABLE XXXIII—DETAILS OF ADULTERATED SAMPLES OF FOOD, WITH ACTION TAKEN, 1960

Article	Sample No.	Nature of adulteration or irregularity	Action taken
Almonds, ground	1509 (Informal)	Contained 0.1% almond shell	Formal sample taken. See No. 1530
Almonds, ground	1530	Contained 0.1% almond shell	Stock withdrawn
Sausages, pork ...	1547 (Informal)	220 parts of sulphur dioxide per million undeclared	Formal sample to be taken
Jam, strawberry	1551 (Informal)	130 parts of sulphur dioxide per million	Formal sample to be taken
Jam, strawberry	1761	Soluble solids deficient 2%	Stock withdrawn
Ice Lolly ...	1922 (Informal)	Contained no milk	Label incorrect
White Lolly ...	1926	Contained no milk-fat	Label incorrect
Tipped Lolly ...	1927 (Informal)	Wrapper did not bear list of ingredients as required by Article 4(3) of the Labelling of Food Order, 1953	
The manufacturer of the above lollies has ceased production and business is discontinued			
Tiger Nuts, milky	1910 1941 }	Investigation pending	Manufacturers have since deleted the word "milky" from the label of this article
Rum ... ..	1944 (Informal)	Label read "100° proof"	Error immediately remedied by manufacturers to read "100% Jamaican rum"
Confectionery, sugar	1778 (Informal)	Foreign product	Contained non-permitted colour Brilliant Blue FCF. Warning letter sent to suppliers
Confectionery, sugar	1911 (Informal)	Contained prohibited blue colour	Entire stock withdrawn
Sausages, pork ...	1966 (Informal)	350 parts of sulphur dioxide per million undeclared	Formal sample to be taken

In addition to routine sampling, complaints by members of the public are investigated and proceedings instituted where necessary. In 1960, three instances of dirty milk bottles and two cases of a small splinter of glass in a bottle of milk were reported. Warnings were given to the dairies concerned. Rodent excreta was found in butter made in Bedfordshire and sold in an auction market in Huntingdonshire. Prosecution by Hunts. County Council resulted in a fine of £10 and £3 8s. 0d. costs. A rusty darning needle was found in a packet of potato crisps. The case was dismissed as evidence was regarded as inadequate. Proceedings were taken against a cafe for selling a sausage roll containing mouldy sausage meat. Proprietor was fined £5 with £15 15s. 0d. costs. A butcher was fined £20, £3 costs and £3 3s. 0d. Advocate fees for selling meat, not of the quality contracted for, to an Old People's Home. Pieces of cardboard were found in two cans of Californian peaches. The matter is still being investigated with the American suppliers.

### **MERCHANDISE MARKS ACTS**

737 routine visits were made to premises and samples were taken where necessary. Of these 23 proved to be unsatisfactory. Six warning letters were sent and in the remaining 17 cases verbal warnings were given.

### **WASTE FOODS**

Waste Foods may, if not boiled for one hour, spread foot and mouth and other diseases. The Diseases of Animals (Waste Foods) Order 1957, makes it necessary for substantial collectors of waste foods to obtain a licence imposing on them an obligation to use an approved boiling plant which would be periodically inspected.

The licensing authorities in Bedfordshire are the Bedford and Luton Borough Councils, and the County Council for the remainder of the County. The County Health Inspector and the Sampling Officer have been authorised to act on behalf of the County Council for the purpose of inspecting plant and equipment. The number of licences in force at the 31st December, 1960 was 42, four less than the previous year. All the premises were inspected during the year. Three warnings were given in respect of the transportation of waste food in open containers in contravention of the regulations.



## SECTION V

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### MISCELLANEOUS

## HANDICAPPED PERSONS

### Blind Persons

The Welfare Committee of the County Council are responsible under the National Assistance Act, 1948, for the welfare of Blind Persons and they exercise their powers through the North and South Bedfordshire Societies for the Welfare of the Blind.

During 1960 there was a net decrease of 53 in the number of *Blind Persons* registered in the County. At the beginning of the year the number was 726. New cases during the year numbered 64 and there were 12 inward transfers. 112 persons died, 15 left the district and two were removed from the registers as no longer blind, leaving 673 persons on the registers at the 31st December, 1960.

Before a person is admitted to the Blind Persons Register he is examined by an ophthalmic specialist who completes a form B.D.8. The information contained in these forms for persons registered during 1960 is analysed in Table XXXIV. The cause of blindness was cataract in 19 cases, glaucoma in five cases, diabetes in six cases and senile macular degeneration in 10 cases. The remaining 24 persons had a variety of other conditions.

Every effort is made to see that persons who would benefit from treatment receive it. Of the 14 persons for whom operation was recommended in 1960, three have received treatment, three are waiting, one has left the district and two have died. In some cases, although surgical treatment might remedy the blindness, the person's general condition makes an operation inadvisable. Of the cases in which treatment was not recommended, 10 had previously been treated unsuccessfully. In most of the other cases the blindness is irremediable.

Of the total of 64 persons registered, 42 were aged 70 years or over. Reference to Table XXXV shows that of the 673 registered blind persons in the County at the end of the year, 388 or 57·7 per cent were aged 70 years or over. Whilst the increasing number of aged in the general population is reflected in the number of aged blind, old age by itself does not cause blindness and it may be that there is an accumulation of cases of blindness due to causes that are more susceptible to treatment at an earlier age. Table XXXVI divides the number of blind persons according to the age at onset of blindness and from that it will be seen that of 637 persons where the age at onset is known, in 72 cases it was 0-4 years and in a further 155 cases, 5-49 years. 70 years or over was given as the age at onset in 244 cases, i.e. 38·3 per cent.

A great many of the persons registered as blind give no history of any previous treatment for their eye condition. In some cases, of course, advice is not sought until the sight has almost failed. In the case of glaucoma, for instance, one eye sometimes becomes completely blind without the patient realising it and he only becomes aware of the fact when the other

TABLE XXXIV—BLIND PERSONS REGISTERED IN BEDFORDSHIRE DURING 1960

	Cause of Disability						Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Diabetes	Senile Macular Degen.	Other	
No. of cases in which no treatment recommended ... ..	6	4	—	5	9	22	46
No. of cases in which treatment recommended:							
(i) Medical ... ..	—	—	—	1	1	1	3
(ii) Surgical ... ..	13	—	—	—	—	1	14
(iii) Optical ... ..	—	1	—	—	—	—	1
No. of cases who received treatment:							
(i) Medical ... ..	—	—	—	1	1	1	3
(ii) Surgical ... ..	2	—	—	—	—	1	3
(iii) Optical ... ..	—	1	—	—	—	—	1

TABLE XXXV—AGE DISTRIBUTION OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1960

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Total
Males	5	8	13	20	31	35	49	116	277
Females	—	4	7	12	13	22	66	272	396
TOTALS	5	12	20	32	44	57	115	388	673

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TABLE XXXVI—NUMBER OF REGISTERED BLIND PERSONS IN BEDFORDSHIRE AT THE 31ST DECEMBER, 1960, SUBDIVIDED ACCORDING TO THE AGE AT ONSET OF BLINDNESS

	0-4	5-15	16-29	30-39	40-49	50-59	60-69	70+	Unknown	Total
Males	38	6	27	29	26	20	30	83	18	277
Females	34	12	12	19	24	47	69	161	18	396
TOTALS	72	18	39	48	50	67	99	244	36	673

eye becomes seriously affected. The incidence of blindness could undoubtedly be reduced and the following points taken from a Ministry of Health memorandum indicate ways in which this could be done:—

1. Prompt attention should be given to any child who squints. No child is too young for the modern methods of treatment, the aim of which is not merely to get the eye straight but seeing and functioning in binocular vision.
2. The old teaching that no operation can be done until a cataract is "ripe" is no longer valid and modern methods of surgery enable the cataract to be removed, as soon as vision is seriously reduced. Every effort should be made, therefore, to ensure diagnosis at the earliest possible moment.
3. All doubtful cases of visual disability, however vague and indeterminate, should be referred for expert ophthalmological opinion.
4. All myopic children should be kept under supervision.
5. Industrial workers engaged in processes where there are hazards to the eyes (e.g. welding and grinding) should always use goggles or other protection provided.

With regard to the *Partially Sighted*, the number on the register at the 31st December, 1960, was 150. During the year, 37 new cases and four inward transfers were added to the register. Sixteen persons were removed from the register, eight having died.

Only one infant was notified as suffering from *Ophthalmia Neonatorum* during the year. He made a complete recovery.

## Epileptics

The term epilepsy has come to include a group of conditions in which there exists a persistent liability to episodic seizures. Such seizures may be associated with a demonstrable and perhaps remediable lesion in the brain or with a toxic state—so-called "symptomatic" epilepsy. Commonly, however, there is no demonstrable organic brain lesion or toxic state and the epilepsy is termed "idiopathic" or "cryptogenic". As medical knowledge in this field makes further progress it is likely that there will be a continued transfer of cases from the idiopathic group to that of symptomatic epilepsy.

The majority of epileptics suffer only occasional attacks which can be well controlled by appropriate treatment and they live a practically normal life. In more severe cases, especially those which are not completely controlled by drugs, the individual may have difficulty in finding or keeping suitable employment. The attitude of relatives, employers and friends is all-important. On the one hand it may be over-protective and on the other may be hostile and drive the epileptic into a sense of ostracism and frustration.



The number of epileptics is not known. The Cohen report on "Medical Care of Epileptics" quoted an incidence of four cases per 1,000 of the population. This would suggest a total for Bedfordshire in the region of 1,400.

In fact, the number of known cases is very small. Such information as there is concerning *adults* derives from the Disablement Resettlement Officer Service, from the Mental Health Service of the Local Health Authority, from applications for Driving Licences received by the Local Taxation Department, and from the Welfare Authority. Thus at the 11th April, 1960, 93 epileptics were registered under the Disabled Persons (Employment) Act, 1944, and at the 31st December, 1960, the Mental Health Service had knowledge of 51 mental defectives who were also epileptic. In addition, during the year, 13 epileptics were referred for action under the Lunacy and Mental Treatment Acts. Of these, three showed major personality difficulties or violent or dangerous propensities. All suitable patients are referred to the Disablement Resettlement Officer of the Ministry of Labour. The Welfare Authority at present have two epileptics in their residential homes and maintain a further 16 in residential accommodation provided by voluntary organisations.

With regard to *children* a fairly reliable picture can be presented, because children who suffer from epilepsy are ascertained at as early an age as possible so that education suited to their disability may be provided. No child is labelled as an epileptic without a period of observation and in doubtful cases the help of the diagnostic department of the hospital service is sought.

Epileptic children are assessed at school-leaving age with particular regard to the severity of the disability and the possibility of employment. At this stage there is close co-operation with the Youth Employment Service and the Welfare Department.

At the end of the year there were, in Bedfordshire, 10 epileptic schoolchildren ascertained as requiring special educational treatment: four were attending boarding schools, five who were educationally retarded were attending a day special school for E.S.N. pupils and one was waiting to be placed. In addition, there were three children who were ascertained as ineducable. A further 64 children known to have suffered from fits of an epileptiform type were attending ordinary schools, but in many cases no fits have occurred for at least two years.

### Cerebral Palsy

As in the case of epileptics, little information is available as to the incidence of cerebral palsy in *adults*. One difficulty is that registers of Disabled Persons and Handicapped Persons (General Classes) do not except in the case of epilepsy, sufficiently distinguish the organic nervous diseases included in Class V. Table XXXVII illustrates the point. Some of the 171 individuals, other than epileptics, in Group V are undoubtedly cases of cerebral palsy, but the number is not known. It is not expected however, that it will be large. There are at the present time 27 persons suffering from the spastic variety of cerebral palsy on the register maintained by the County Welfare Department.

TABLE XXXVII—PERSONS IN BEDFORDSHIRE REGISTERED UNDER THE DISABLED PERSONS (EMPLOYMENT) ACT, 1944, AT THE 11TH APRIL, 1960

Type of Case	North Bedfordshire	South Bedfordshire	Total
All classes ... ..	1,375	2,751	4,126
Epileptics ... ..	35	58	93
Others in Group V* ... ..	62	109	171

\* Disseminated sclerosis, cerebral thrombosis, sciatica, etc.

Facilities, including occupational therapy, provided by the Local Health Authority are available and are being used. At the present time our patients with cerebral palsy are on the books of the Occupational Therapists who are equally available for Health Committee and Welfare Committee work.

More information is available regarding the incidence of cerebral palsy in *children*. This is a matter which has excited national interest and sympathy, and much has been done within the last few years to educate the public in the true nature of the disability, and to point out the needs of such children. At the 31st December, 1960, 80 children under the age of 16 were known to be suffering from cerebral palsy.

The number of children of compulsory school age is 77. Eleven of these, however, have mental retardation to such an extent as to be ineducable. The position as regards education of the remaining 66 is as follows:—

- 42 attend the appropriate ordinary school (transport being specially provided for some cases);
- 4 attend day special schools;
- 8 attend residential special schools;
- 2 are in hospital special schools;
- 9 receive home tuition;
- 1 waiting for arrangements to be made.

### NURSING HOMES

Under the Public Health Act, 1936, the County Council are the responsible authority for the registration and supervision of Nursing Homes. Their powers and duties are, however, delegated to the Luton Borough Council in respect of premises in that Borough under Section 194 of the Act. In the remainder of the County there were, at the 31st December, 1960, eight Homes registered. These provided accommodation for 100 patients other than maternity cases. Routine inspections were carried out during the year and the homes were found to be satisfactory.

## **NURSES AGENCIES**

The County Council, as the Licensing Authority under the Nurses Agencies Act, 1957, have delegated their functions to the Luton Corporation in respect of that Borough. At the present time there is only one such Agency in the County.

## **THE CIVIL DEFENCE AMBULANCE AND FIRST AID SECTION**

In Circular 9/60, dated the 2nd June, 1960, the Ministry of Health stated that there was a need to make radical changes in the war organisation of the medical aid services. The system of collecting casualties and taking them to a mobile first aid unit was to end. Instead, first aid would be rendered to casualties on the spot and before being transported to Forward Medical Aid Units, the function of which would be to sort and provide sustained treatment for the more serious casualties prior to their onward evacuation to hospital. Because of this new concept, the Civil Defence Ambulance and Casualty Collecting Section was to be renamed the Civil Defence Ambulance and First Aid Section and it would be necessary for as many members as possible of First Aid Parties to be trained to an advanced standard in first aid techniques.

The basis of the organisation remains the same, i.e. the war-time expansion of the ambulance service provided by the Authority under the National Health Service. The Section has as its Head the County Medical Officer and he is responsible for its organisation and for the training of volunteers.

Although Luton is a separate Corps Authority they were not made responsible for the organisation of the Ambulance Section. It was agreed, however, that the Medical Officer of Health for Luton in his capacity as Divisional Medical Officer should be responsible for the training of volunteers after they had been recruited by the Civil Defence Officer.

In order to provide the necessary training certain members of the County Ambulance Service have undertaken an Instructors' Course and become qualified to train volunteers in accordance with the syllabus laid down by the Home Office. The County Ambulance Superintendent plays an important part in the organisation of the Section and training of volunteers and is the liaison officer between the Head of the Section and the volunteers.

## **SWIMMING BATHS**

Ten swimming baths in the County are approved for the use of schoolchildren; of these, three are in Bedford Borough and two are in Luton Borough. In addition there is a swimming bath at the Council's residential special school at St. Margaret's, Great Gaddesden, Hertfordshire. Samples of the water are taken, in the two Boroughs by the local public health inspectors and from the other baths by the County Health Inspector. Altogether, the latter took 36 samples. One bath in the County area frequented by 1,000 children a week acquired a bad record and was

sited regularly. Several unsatisfactory samples were obtained and commendations were made for a proper chlorination and filtration plant, the installation of flush sanitation and, as an immediate remedy, the frequent changing of the water.

Four other baths in neighbouring Counties are also used by Bedfordshire schoolchildren. Samples are taken by the local public health authorities and copies of the reports are supplied to the County Health Department.

## ATMOSPHERIC POLLUTION

For some years the residents of that part of Bedfordshire which may be conveniently described as the Brickworks' Valley have complained of the fumes emitted by the brickworks located in the shallow valley which runs South South-West of the Borough of Bedford. The discontent has increased in recent years, no doubt because of the development of the industry since the War. Finally, in 1959, at a meeting of representatives of the County Council and the several County District Councils concerned, the County Medical Officer was made responsible for planning and executing an investigation into the actual state of affairs.

In October, 1960, two reports were published. One, by Dr. H. S. Perry, was on "A Measurement of Atmospheric Pollution in Bedfordshire", and was a factual statement of findings by analysis. His conclusion was that so far as pollution by sulphur gases is concerned the situation of the Brickworks' area may be compared with that of a small industrial town, but that as regards smoke, which includes soot, ash and gritty particles emitted in smoke, the area is little different from any rural area.

The other report was by Dr. Margaret Brothwood on "A Clinical Investigation into the Respiratory State of Persons aged 45-64 years Exclusive Resident in the Brickworks' Area of Bedfordshire". This was an attempt to find out if the atmospheric pollution in the Brickworks' Valley had any demonstrable effect on the respiratory function of the residents. To do this she compared a sample of residents in Lidlinton, a village in the valley, with a sample from Riseley, a village out of range of the brickworks. She found that there was a greater incidence of chest symptoms in Lidlinton but that the smoking habit, which will also produce chest symptoms, was greater in frequency and amount in that village. Unfortunately there seems to be no way of assessing the precise part played by smoking and atmospheric pollution respectively. Dr. Brothwood had, therefore, to leave the matter by saying that "while it is possible that sulphur fumes in the air in the Lidlinton area are partly responsible for the higher incidence of chest symptoms, it is in no way conclusive".

The two reports were circulated to members of the County Council.

